

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

27 September 1997

**PAGB launches OTC consumer helpline**

**PSNC slams DoH as pay deal looks stuck at 2.4pc**

**Boots trials new ways with medicines sales**

**Chemex '97: Model Shop a major draw at the show**



**Paper v computer: BPC debates impact of IT**

**Unichem Convention meets in Malta**

**Norton seeks Court ruling on Advantage**

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IT'S TIME TO GO





For anyone trying to keep abreast of developments in the pharmacy arena, September and October are a nightmare. Information overload is the name of the game, as conferences, conventions and exhibitions all spew forth informed opinion. In the process, much of what might otherwise have attracted attention is submerged. However, a number of key areas can be identified. The RPSGB's 'Strategy for a 21st Century Pharmaceutical Service', released last week, sets out the professional agenda for the next year and probably beyond, and is a 'must read'. Information technologists continue to blind anyone who will listen with their science. The infrastructure for a community pharmacy EDI network exists, or will do soon, from at least two providers, but the impact it will have, who will pay for it and who will benefit most remains unclear. The PPA is alive to the possibilities, but the DoH is lukewarm (see p5 and p22). Jeff Harris at the Unichem Convention (p30) rightly identifies that Government and pharmacy are singing the same tune on the need for better use of pharmacist's skills in medication management. However, NHS pharmaceutical services continue to be underfunded and PSNC struggles with a contract which provides an increasingly poor fit for future services. On the business front, grocery multiples continue to nibble away at personal care business, although the latest Mintel Retail Intelligence report, 'OTC/Prescription Medicines Retailing' (p36), seems to suggest that the major pharmacy multiples have more to fear, as independent businesses eschew this area to concentrate on healthcare. Indeed, gazing into its crystal ball, Mintel concludes its 150-page review of the sector by saying: "Going into the next century, the future for the traditional specialist is looking increasingly healthy, with growth on the ethical side, in which they remain strong, outweighing gains made in the OTC market."

## CHEMIST & DRUGGIST

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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Consumer Health Information Centre launched 4

PAGB sets up pharmacy-manned panel of experts to advise public

Survey finds consumer support for pharmacist prescribing 4

CPG says public generally in favour of idea

PSNC criticises DoH over 1997-98 remuneration offer 5

Wally Dove asks health minister: 'Why are you stuffing pharmacy?'

Boots experiments with new ways of selling OTCs 6

Pilot aims to free up pharmacists' time for healthcare advice

Topical issues with topical analgesics 19

The market has been boosted by stronger NSAIDs

Source of comfort 20

Tighter security on offer to fight shop theft



BPC 97 Scarborough 22

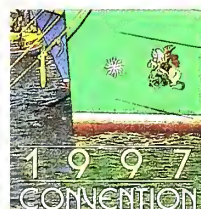
The final days' debates: the impact of IT, evidence-based medicine, generalist or specialist?

Unichem's 1997 convention in Malta 30

Reports from the company's latest gathering

Chemex continues with its evolution 33

Chemex '98 sites are being snapped up already



Norton suspends its Advantage gifts option 36

Company seeks High Court confirmation of its scheme's legality

Rhone-Poulenc losses 'due to restructuring' 37

The company is spending \$989 million on major shake-up

## REGULARS

GP Perspective 7 Christmas Gifts 16

Topical Reflections 7 Letters 32

Prescription Specialities 8 Business News 36

Counterpoints 10 Classified Advertisements 38

News Extra 15 About People 42



# It's 'chic' to counsel ...



Pharmacists are giving advice to the public through a new Consumer Health Information Centre launched this week.

Financed by the Proprietary Association of Great Britain, the Centre aims to help consumers improve their understanding of common ailments and gives guidance on how to manage their own health.

Research has shown that, although eight out of ten adults agree it is important to be able to buy medicines for minor ailments, this is not being translated into widespread action. Almost 60 per cent had seen a GP about a minor problem in the previous year.

The two pharmacist members of the Centre's expert panel are Ann Lewis, former president of the Royal Pharmaceutical Society, and Alison Blenkinsopp, Department of Medicines Management, University of Keele.

Others giving advice from the Centre include Mike Pringle, professor of general practice, Nottingham University, and Dr Patricia Wilkie, former chairman of the Patients Association.

From next month the Centre will offer advice in four ways: through a local call rate helpline staffed by five hospital pharmacists involved with the Trent Drug Information Line; through leaflets and fact sheets on common ailments; through consumer media information campaigns; and via an interactive website at <http://www.chic.org.uk>.

The first campaign, running until the end of February, will focus on colds and flu. It will explain how to deal with symptoms and when to see a doctor. This is likely to be followed by hayfever and holiday remedies. The advice given will be independent and callers will not be recommended a particular brand.

Says Professor Pringle: "While the vast majority of consumers are keen to self-medicate when appropriate, research clearly pointed to the need to give consumers further broad reassurance about how to recognise minor problems and how to treat them."

The research findings came from a quantitative study by BRMB International and a qualitative attitudinal survey by Expressions Planning in May and June. The main points were:

- 91 per cent of adults suffer at least one minor ailment over a two-week period
- 10 per cent of these ailments are reported to the GP, resulting in 96 million consultations and 63m prescriptions
- once a course of action has been embarked upon, consumers tend to repeat it, particularly when they visit a GP and receive a prescription.

## GHP members vote for name change

Members of the Guild of Hospital Pharmacists have confirmed their intention to change the organisation's name to the 'Guild of Healthcare Pharmacists'.

The new name comes into effect on January 23, 1998, the Guild's 75th anniversary. Confirmation of the change followed a postal ballot, with 542 votes in favour and 485 against. The second ballot was needed after an AGM motion was passed in April in favour of the change.

By changing the name, the Guild hopes to redefine its role and become an organisation that helps set healthcare and pharmaceutical policy rather than one that reacts to it, says GHP president Chris Cairns.

"The process will be more of an evolution, than a revolution. We want to develop the organisation from being reactive to one that influences activity and, ultimately, to one that helps set policy," he explains.

Mr Cairns would like to see the GHP's decision-making process speeded up by having flexible policies set in advance, and by establishing proactive relations with other bodies about issues of mutual concern, such as the joint working group with the DoH.

Secretary of state for health Frank Dobson has agreed to speak at the GHP's anniversary dinner at the Mayfair Intercontinental Hotel, London.

- A letter notifying employers about pay changes for hospital pharmacists has been delayed following questions about the method used to apply increases to existing pay scales. The management side of the Whitley Council wants to change the system, which currently awards hospital pharmacists the same extra increments for late or on-call duties, regardless of grade.

## CPG finds public support for limited pharmacist prescribing

The public is generally in favour of pharmacists being able to prescribe some, but not necessarily all, medicines.

Results from the first 1,000 questionnaires returned in a Community Pharmacists' Group survey reveal that 36.5 per cent of prescription customers thought pharmacists should be able to prescribe, while nearly half (45 per cent) thought they should be able to prescribe some, but not all, medicines. Only 8 per cent were against pharmacist prescribing.

A similar majority (81 per cent) thought pharmacists should be involved in looking

after patients with chronic conditions, once they had been initially treated and diagnosed by a GP. Over 90 per cent agreed that pharmacists should treat minor ailments, leaving GPs to deal with more serious illness.

Over three-quarters were in favour of the pharmacist being the first port of call for healthcare. They liked the idea of presenting initially to a pharmacy, with the pharmacist recommending treatment or referring them to a GP.

But they were hesitant about pharmacists knowing all about their medical histories. While overwhelmingly agreeing that

pharmacists should have access to information on the prescribed medicines (86 per cent) and OTC medicines (77 per cent) they were taking, together with details of medicines allergies (88 per cent), they saw other medical information as less relevant.

They were less likely to agree that pharmacists should have access to the results of medical tests (48 per cent), past hospital admissions (50 per cent) or family illnesses (64 per cent).

The survey was carried out as part of the CPG's campaign to promote the pharmacist as 'the first port of call for all healthcare needs'. Pharmacists issued the

questionnaires over the summer, together with pamphlets promoting the 'first port of call' message to customers.

The survey also looked at pharmacists' attitudes and how they spent their time, with nearly 600 replying to a questionnaire.

Almost all gave advice on prescription medicines – 29 per cent for the minority of prescriptions, 60 per cent for the majority and 11 per cent for every prescription. Most (41 per cent) spent between one and two hours on this activity on a typical day; 17 per cent spent more than three hours and 16 per cent less than an hour.



# PPA announces electronic script pricing trials

The Prescription Pricing Authority will be running trials to test systems for the electronic pricing of prescriptions by the end of the year, its IT director, Douglas Ball, predicted last week.

The PPA intends to publish open standards setting out what it finds acceptable in terms of the information that computerised GP prescriber and pharmacy endorsement systems should provide.

The PPA needs to capture what the GP prescribes, what the pharmacist dispenses and what the Drug Tariff requires, said Mr

Ball at a PPA Open Day.

There are problems with existing pharmacy endorsement systems, he said, but added: "We will be working with the private sector to ensure data we collect is accurate and consistent, regardless of where it comes from."

Mr Ball would not comment on how the trials will be structured. "We may use the NHS Net or private networks," he said.

The PPA has been talking with Planned and PRS, which are both positioning themselves as network providers to community pharmacists. It is understood the

PPA is particularly interested in PRS's Runcorn facility.

● The PPA is considering providing a pharmacy information service as it develops its EDI facilities. This would give contractors electronic access to details of their NHS payments, and also to data relating to their dispensing patterns.

Such a system is already available to GPs, allowing them to monitor their own prescribing, and compare it to their health authority averages. The PPA holds the second largest prescriber database in the world.

## Private use of FP10s ruling call

Bradford pharmacist Dick Hazlehurst has called for a ruling over whether pharmacists can privately dispense NHS prescriptions if they cost less than the script charge.

"The Sharpe case needs clarification. The 'cop-out' by the Welsh Office is not good enough. Someone has got to grasp the nettle. Mr Sharpe has stood up and been counted. The Department of Health has not done the same," he said.

He was speaking at the PPA's Open Day last week (see above) as a member of the Government's efficiency scrutiny team on prescription fraud.

A new FP10 form designed to help prevent script fraud is to be introduced next April.

The new form, which is likely to be phased in over a 12-month period, will carry UV fibres to make it easier to identify printed forgeries, and will be numbered.

There may also be revision to

the back of the form to make it easier to complete.

During its first year, the Prescription Pricing Authority's fraud investigation unit received 430 separate allegations of malpractice by doctors or pharmacists. So far 100 cases have been resolved, says director Mike Siswick.

"In some, there has been no case to answer, others have been settled by 'advice', a repayment or an adjustment to the contractor's account. A number have been referred to health authorities as individuals have breached their Terms of Service," he said.

Twelve to 15 people are currently on police bail awaiting trial. A number of cases under investigation involve nursing homes, where pharmacists "have effectively become the medical manager".

Since April 1, a further 237 referrals have been made.

## Charter tells public what pharmacists do

Camden & Islington Health Authority has developed a pharmacy charter, in conjunction with the local pharmaceutical committee, to promote pharmacists as health professionals.

The charter, which has been distributed to over 100 pharmacies, the HAs libraries, health centres and community health councils, will inform people of the range of services and the standards to expect from their local pharmacy.

The leaflet includes patient information on how to obtain prescriptions in an emergency, pregnancy testing services, services available for housebound patients, and what to do about prescriptions on bank holidays.

Pharmacists have been rewarded for their charter service provision with one-off payments of up to \$250 from the HA, said LPC secretary David Kent.

## Correspondence over

The National Pharmaceutical Association has replaced its long-standing dispensing technicians' correspondence course with a revised distance learning course, which will help students progress towards a pharmacy level three NVQ. More than 2,000 dispensing technicians have attended 24 courses since 1985.

## Familiar killers haunt Scots

Scotland's chief medical officer, Sir David Carter, has repeated calls for the Scottish people to improve their diets, reduce cigarette smoking and exercise more, if Scotland wants to rise from the basement of the international mortality tables.

## Wrong name on the team

Keith Farrar, chief pharmacist of the Wirral Hospital NHS Trust is not – as *C&D* was previously informed – a member of the Crown Review team looking at prescribing, supply and administration of medicines (*C&D* September 13, p3). His place has been taken by Helen Remington, chief pharmacist, Addenbrooke's Hospital, Cambridge.

## Government commends BTC

Boots the Chemists has won one of eight awards for its part in the Government's 'Tackling Drugs Together' initiative. BTC's contribution included a grant to Nottinghamshire police to help buy new drug detection equipment, and a grant for the Drug Abuse Resistance Education Group for work in primary schools.

## Schizophrenia carers

The National Schizophrenia Fellowship has launched a campaign to recognise the importance of carers to the success of community care, called the 'Involving Carers Initiative'. As part of the campaign, the NSF has introduced a pack and booklet for new carers of people with severe mental illness. For further information, pharmacists should contact the NSF on 0181 547 3937.

## CPP award winners

Pharmacists Kieran Hand and Catherine Osborne are the winners of the College of Pharmacy Practice's John M Harris Travel Award. Mr Hand will be presenting a paper on epilepsy in New Orleans, US, and Ms Osborne a paper on ACE inhibitors in Bournemouth and London.

# Government 'stuffing' pharmacy

Pharmaceutical Services Negotiating Committee chairman Wally Dove has criticised harshly the Department of Health for failing to improve its remuneration offer for 1997-98.

PSNC learnt last week that the NHS Executive has indicated that it is unlikely to improve on its offer of a 2.4 per cent increase in the global sum.

"The offer is sadly lacking," said Mr Dove on Monday. "What does pharmacy have to do to prise more money out of the Treasury?" Mr Dove will meet health minister Alan Millburn on October 7, where he will express "the deep-rooted strength of feeling about the continued shabby treatment" of community pharmacy contractors.

"We hope to have a final try

with a range of arguments, as we believe he has been making decisions without the full picture," said Mr Dove.

"It is frustrating to see Mr Dobson say (at the British Pharmaceutical Conference) that 'no one makes a bigger contribution'. So why are we expected to take a 2.4 per cent offer on our global sum? The question we would like to ask the minister is 'Why are you stuffing pharmacy?'"

Hospital pharmacists have settled for 2.8 per cent, although this is to be a staged increase, and the average rise for GPs will be in excess of 3.4 per cent for 1997-98.

The Treasury has indicated that there will be no more money made available as it sticks to the budget plans of the previous

Government, although the chancellor has promised an extra \$1 billion for the NHS.

The Conservative Party predicted this week that the NHS will suffer a shortfall of over \$500 million next year, which will wipe out the entire 1997 budget increase. The money will be more than absorbed by inflation, pay rises and extra costs imposed by the new Government, said the Tories. There is also widespread concern that health authorities will be severely strapped for cash this winter.

The health secretary rejected the Tory view, saying: "Claims of this sort are evidence of a complete lack of understanding that the main determinant of NHS inflation is wage levels."



# Boots OTC pilot aims to enhance consultative role

Boots the Chemists is piloting a novel way of selling OTC medicines in a small number of stores with the intention of allowing pharmacists to spend more time with customers who require help and advice.

In the trial, which will run in two large stores – Cardiff and Peterborough – and a couple of unspecified smaller branches, staff at the medicines counter do not actually ring up a completed sale at the till. Instead the item is placed in a bag and sealed with a bar coded strip.

Customers are then directed to a till immediately adjacent to the healthcare area to pay for the medicine, along with any other items in their shopping basket. However, the item could be paid for at any other till in the store.

"The trial layout is designed to free healthcare staff and pharmacists from taking payment, often for non-pharmacy products. This will allow them to spend more time with customers requiring advice," says Boots.

It is understood that none of the trial stores has been refitted

yet, in line with the anticipated requirements for the pilot, although the Cardiff branch is issuing bar coded bags. In the larger stores, there will be provision for a private consultation area.

A spokesman says that everything has been done to the highest ethical standards, and that the scheme complies with all the relevant legislation.

He would not comment on how long the trial will last, or when it will be rolled out to a larger number of branches.

# PSNC wants immediate action on fraudulent dispensing doctors

PSNC has asked the Government to act on the Fraud Scrutiny Team's recommendations relating to dispensing doctors with the "utmost urgency".

While stressing the vast majority of dispensing doctors are honest, PSNC says dispensing doctors are presented with ample opportunity to commit a fraud against the NHS, "more so than any other health professionals".

In a letter to the Department of Health's head of prescribing, John Thompson, PSNC general secretary Stephen Axon says PSNC also supports complete prohibition of pharmacy ownership by GPs or their close relations unless those relations are the professional involved.

The prescription charging system comes under attack, with PSNC saying it provides too many opportunities for dishonest behaviour by health professionals and patients. "PSNC strongly supports the Govern-

ment's intention to instigate a fundamental review of prescription charges and would be happy to play an active part in the review," says Mr Axon.

**Pharmacy Review Panel** PSNC is asking that the PRP should be retained. However, it would like to see changes made to the Panel's Terms of Reference to reflect the changes that have occurred since it was set up.

"We are going to do our very best to change the Terms of Reference to make it a meaningful tool," says PSNC's chairman Wally Dove. The term of office of the Review Panel has expired, and NIHE has sought PSNC's views to advise ministers.

**Devolved budgets 1996/97** PSNC is concerned about reported overspends in devolved budgets for 1996/97 in some health authorities. The financial executive will be writing to LPCs to ensure the figures are correct. It will also be stressing the

importance of sticking to devolved budgets to prevent erosion of the dispensing fee.

**Local projects** PSNC is worried some HAS may be developing projects which impinge on the global sum by affecting prescription numbers, rather than drug costs. LPCs should seek PSNC's advice if HAS suggest projects which will be financed directly or indirectly, wholly or partially, by the overall global sum.

**Pharmacy distribution** PSNC, the RPSGB and the NPA have all been considering the distribution of pharmacies. Although working individually, the three will meet later this year to discuss proposals before issuing their respective reports.

**Professional standards** PSNC is to meet the RPSGB's law department to discuss a range of professional services standards. It is seeking to ensure that any such standards are precise and not open to interpretation.

## LPC calls for more authority

Pharmacists could be given more authority in caring for patients, with the introduction of pharmaceutical care orders (PCOs).

This is one of the ideas supported by Barking & Havering and Redbridge & Waltham Forest Local Pharmaceutical Committees in their response to the Crown Review on prescribing.

The LPCs have put forward an 'Authorised Delegation' model in which the GP, acting within agreed guidelines, delegates authority to specialist pharmacists by issuing a pharmaceutical care order. This would give the pharmacists power to initiate, maintain, modify (if necessary) and review treatment in specified therapeutic areas.

When acting within the guidelines, the pharmacist would accept the delegated authority and carry out the duties relating to prescribing, dispensing, repeat prescribing, informing the GP by providing a summary sheet detailing treatments, reviewing outcome and regularly providing advice to the patient.

Among the specifications of such a service, the LPCs say that there should be agreed shared protocols, with firm deadlines for action. The entire task should be delegated to one person with recognised skills who would have all necessary resources to carry out the task. However, the GP would remain the team leader responsible for the outcomes.

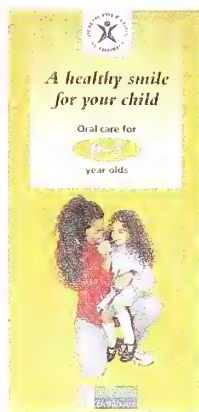
A pharmacist acting on a GP's PCO is the fifth possible outcome for a pharmacist intervention. The other four are as follows:

- no medication, but advice and information is given
- sale of medicine or dressing
- prescribing of medicine or dressing
- referral to a GP by a formal referral.

The LPCs believe the model could lead to more cost-effective treatment which is accessible, of high quality, patient centred and fully utilising relevant skills of primary care practitioners. GPs would still retain accountability for the budget, but would be jointly accountable with the pharmacist for the care of the patient.

Instead of more Prescription Only to Pharmacy Medicine switches, the LPCs argue pharmacists should be allowed to prescribe privately, with records kept on computers with a duplicate copy sent to the GP.

Legislation would be needed to allow pharmacists to prescribe in the pharmacy following an assessment by an appropriate expert and the writing of a 'portable' PCO.



## HEA: helping children towards a healthier smile

The Health Education Authority and Pharmacy Healthcare Scheme have joined forces to produce a leaflet which promotes children's oral health.

The HEA and PHS are distributing 500,000 copies of the

leaflet, called 'A healthy smile for your child', to all independent community pharmacies. It details what drinks, foods, toothpastes and medicines are best for children under five.

The leaflet recommends that parents should ask pharmacists for advice on selecting sugar-free medicines, and that parents should ask doctors to prescribe SF variants. It also advises parents on how to brush babies' and young children's teeth.

"Pharmacists can help by recommending sugar-free formulations, by being aware of up to date oral health policy and by not stocking confectionery. Parents often assume that because they bought sweets from a pharmacy, they are alright for their child," says Tameside & Glossop NHS Trust's senior dental officer, Sue Fuller.

● The latest information on oral health advice is available from the HEA on 0171 383 3833.



## GP PERSPECTIVE

## Here comes the winter of our discontent

With the summer behind us, many GPs await with trepidation the onset of winter, when the workload rises as the volume of chest infections and viral illness soars.

Over the last few years, a new hurdle has become commonplace, and this winter, it seems, will be no different. It's the annual winter bed crisis. At least the Government now acknowledges the problem. Of course, one easy defence will be to blame the preceding administration.

Hospitals will have it hard, but so will GPs. They are the ones who have the daunting task of locating that precious commodity – a hospital bed – and persuading the admissions officer that they need it. This can be a thankless task which adds to the already busy workload. This winter, the Department of Health has made contingency plans, but there are doubts if this will be enough.

Faster hospital discharge of elderly people awaiting assistance from social services will be

## The last thing GPs need after a bad winter is another full-scale review

encouraged. Though this sounds a reasonable idea, there is always the risk of a premature discharge and an inadequately supported patient who will rapidly need more primary care services.

Another ruse to cope with the winter bulge is to postpone elective admissions for, say, routine surgery. This only prolongs other people's misery, puts a further strain on primary care and leads to lengthier waiting lists.

Politicians are well aware that even a low grade flu epidemic can stretch the NHS to the limits. There is no slack in the system to cope. In such a situation, the political fallout can be intense and the popularity of the Government can plummet.

For GPs the ramifications of such a crisis can be long-lasting. In the late 1980s, a winter bed crisis resulted in a wholesale review of the NHS. The result was the creation of the internal market. A decade later, we are still faced with the same problem. The last thing GPs need after a bad winter is another full-scale review. We want stability, not further change.

Written by Dr Harry Brown, a GP practising in Seacroft, Leeds.

## Chemex '97: well worth the effort

I came, I saw, I conquered, but only just, because Chemex was quite a humdinger of a show. If I have one complaint, though, it is that Doty was soon exhausted, but chairs placed in strategic positions for ladies in distress were most noticeable by their absence.

I took immediate advantage of many of the special show offers to increase my profits, found many a new product with which to diversify and then soul-searched in the Model Shop to see where I might learn from the experts. As I said last week, I am still unsure about the self-service display of GSL medicines, but I liked the design of the central dispensary. In this shop, no pharmacist could ever 'hide behind the back' because out front was the only available option. And that touch screen EPoS system ... it makes my electronic till look positively primitive!

But, for me, the best-presented stand had to be that of APS/Berk; the nicest sales girl was that delightful enthusiast selling her micro-waveable hot water bottles; and the day's best buy – ranitidine at £17.99. Added to that, everyone was so friendly, the stands were packed full of exciting ideas and, once Doty and I had recovered from our exhaustion, we both agreed that Chemex '97 had been well worth the effort and, certainly for us overnights, better placed at London's Olympia than the Wembley of yesterday.

## A cavalier approach to recruitment

If a recent report in the *Guardian* (September 20) is to be believed, the pharmaceutical industry is crying out for science graduates, but, despite the thousands being disgorged every year, British universities

## Topical Reflections



through the milk round and once more train new graduates. As far as my friend's son was concerned, he quickly became disillusioned, successfully applied to a leading information technology company and now, perfectly happy with his prospects, has no intention of pursuing his original interest in pharmaceuticals.

## All aboard the branded drug gravy train

In the same week that Norton has suspended the 'gift' element of its Advantage scheme, a dispensing doctor friend of mine has cashed in his Air Miles for a romantic weekend in Paris. I am sure the recent furore over incentives will quickly put a stop to this obvious perk, but the hidden incentives of buying generics at large discounts will continue.

If I was a dispensing doctor, I, too, would maximise profits by buying branded drugs at beneficial terms, but if the Department of Health is serious about conserving scarce resources, then this particular gravy train must be stopped.

The only drugs that should be prescribed by brand are those still under patent, modified release preparations, or the few where genuine concerns over bio-availability are well documented. All the remainder should be prescribed generically and, if they are not, then the medical and pharmaceutical advisers to the health authorities should be given a sharp enough set of teeth to ensure that they are!

are unable to maintain a sufficient supply.

Recently, the son of a friend of mine had a bitter experience when attempting to enter the industry via the accepted route of sales, because at every turn he was met by the closed door of 'unsuitable without experience'. It seems that none of the companies ran direct training schemes, but insisted that they would only provide the requisite technical training to suitably qualified graduates who already possessed a degree of sales expertise.

The pharmaceutical industry may be the country's leading export earner, but as unemployment falls and recruitment becomes more competitive, it cannot complain if it is no longer able to poach staff from those companies which are prepared to invest in graduate training. It should also not be surprised that graduates who may have formerly transferred to pharmaceuticals now decide to stay in those sectors that are prepared to train them.

Rather than criticise the universities for not producing enough qualified graduates, the industry should change its cavalier approach to recruitment, re-establish contact with the universities



# SCRIPTspecials

## Ranitidine off Drug Tariff

The PSNC advises pharmacists that Ranitidine Tablets BP 150mg and 300mg will be deleted from Part VIII of the Drug Tariff from October 1.

## New malaria guidelines

Revised guidance for the prevention of malaria in travellers to Africa, Asia, Latin America and the Caribbean has been published by the Public Health Laboratory Service. It updates guidance published in 1995 and offers advice on dosages and risk assessment.

## Servier withdrawals helpline

Following the withdrawal of both Ponderax PA caps (fenfluramine) and Adifax (dexfenfluramine) on September 15, Servier has set up a helpline for those requiring further information. The Freefone number is 0800 980 7216.

## Revanil tablets

Cambridge is taking over the distribution of Revanil (lisuride maleate 200mcg) tablets from Roche. Orders should now be placed with: Customer Services Department, Cambridge Laboratories, Richmond House, Old Brewery Court, Sandyford Road, Newcastle upon Tyne NE2 1XG or faxed on 0191 261 5915.

## Adalat Capsules

The pack size of Adalat Capsules 5mg and 10mg is being changed from 100 tablets to 90 (basic NHS prices £6.37 and £8.10).

**Bayer plc (Pharmaceutical Division).** Tel: 01635 563000.

## Galen ranitidine

Galen is introducing ranitidine in two strengths: 150mg (60, £27.89) and 300mg (30, £27.43).

**Galen Ltd.** Tel: 01762 334974.

## New Lescol indication

The lipid lowering agent Lescol has been granted a licence for the treatment of atherosclerosis following the publication of new clinical trial results.

**Novartis Pharmaceuticals UK Ltd.** Tel: 01276692255.

## Lipitor adverse effect

Angioneurotic oedema has been added to the adverse effects section of the SPC for Lipitor.

**Parke-Davis & Co Ltd.** Tel: 01703 620500.

# Seroquel in schizophrenia

Zeneca has launched Seroquel (quetiapine), a well tolerated atypical antipsychotic for the treatment of schizophrenia.

Quetiapine is effective in treating both positive (formal thought disorder; delusions) and negative effects (poverty of thought and speech; social withdrawal) of schizophrenia. In trials, Seroquel has been found to be similar in efficacy to chlorpromazine and haloperidol.

Quetiapine exhibits a higher affinity for serotonin receptors in the brain than it does for dopaminergic receptors. It also has a high affinity for histaminergic and alpha-one adrenergic receptors, less affinity for alpha-two adrenergic receptors, and no

affinity for muscarinic or benzodiazepine receptors.

In trials, the most common and significant adverse effects included sleepiness (18 per cent), dizziness (10 per cent), constipation (9 per cent), postural hypotension (7 per cent), dry mouth (7 per cent) and liver enzyme abnormalities (6 per cent).

Seroquel can be linked with mild weakness, rhinitis and dyspepsia. It should be used with caution in the elderly, and has not been evaluated in children. Patients with cardiovascular or cerebrovascular disease, or conditions predisposing to hypotension should use it with caution.

The dose range, depending on clinical response and tolerability,

is from 150mg to 750mg per day, taken in two halves.

The dose regime for the first four days of therapy is 50mg (day one), 100mg (day two), 200mg (day three) and 300mg (day four). Seroquel can induce orthostatic hypotension, especially during initial dose titration.

Thereafter, the dose should be titrated to the usual effective dose range of 300mg to 450mg.

Seroquel is available as a starter pack (6 x 25mg tablets, plus 2 x 100mg; \$6.59); 60-tablet blister packs of 25mg (\$28.20), 100mg (\$113.10) and 200mg tablets (\$113.10); and 90-tablet blister packs of 100mg (\$169.65) and 200mg tablets (\$169.65).

**Zeneca Pharma.** Tel: 01625 712712.

## Revolutionary new advance in aerosol delivery

Halolite, a revolutionary method of adaptive aerosol delivery, has been launched by Medic-Aid.

The new system monitors a patient's breathing pattern, adapts accordingly and delivers a pre-set dose of drug on inspiration.

Medic-Aid has worked with Astra to increase efficiency of

drug delivery for asthmatics initially. The Halolite system has been programmed to deliver budesonide nebulising solution (Pulmicort), salbutamol, or terbutaline solution (Bricanyl) in pre-set metered doses.

The system consists of a hand-held unit with a mouthpiece,

medication chamber and control unit, plus a mains-operated compressor. To begin drug delivery the patient presses a start button and a buzzer indicates when the treatment is finished.

The system will be available commercially from this spring.

**Medic-Aid Ltd.** Tel: 01243 840888.

### MEDICAL MATTERS

## Call for early diagnosis of UTIs

The latest *Drug and Therapeutics Bulletin* is calling for the swift diagnosis and treatment, with antibiotics, of urinary tract infections in children.

It calls for clear working practices to be established, involving GPs, paediatricians and laboratory staff, to ensure this occurs.

Urine examinations are done infrequently in children under two, despite the fact that the incidence of UTIs and of renal parenchymal involvement is highest in the first year of life.

Infections in the first two to three months of life occur mainly in boys. From three to 12 months, boys and girls are affected equally. After a year, infection increasingly affects girls. Up to 5 per cent of girls and 2 per cent of boys will have a symptomatic UTI during childhood.

A working group from the Royal College of Physicians has recommended that a urine sample be taken from any infant with

a fever with no obvious clinical source, and culture-tested before antibiotics are given. Most infections are caused by *E coli* or by *Proteus* spp (especially in boys).

Prompt treatment with antibiotics can reverse acute changes and prevent or limit the development of renal scarring. Scarring can occasionally lead to the development of hypertension (in up to 23 per cent of cases) or renal failure (in 10 per cent of cases) in later childhood or early adulthood.

In children, UTIs can occur with or without fever, and the presenting symptoms, which include vomiting, diarrhoea, slow weight gain and feeding disorders, are non-specific.

In children who have had a UTI, good fluid intake, double micturition (five minutes apart), establishing a regular bowel habit, and low-dose and long-term antibiotics can prevent any reinfection.

## Homoeopathy more effective than placebo?

Homoeopathy, a therapy based on the principle of 'similars' and the use of dilutions, was found to be two and a half times more effective than placebo in a meta-analysis of 89 controlled trials, published in *The Lancet*.

Traditionally, scientists have attributed any benefits from homoeopathy to a placebo effect because the remedies are often diluted to such an extent that no active ingredient remains.

The authors of the analysis say the results are not compatible with the hypothesis that the clinical effects of homoeopathy are completely due to placebo. However, they found insufficient evidence to show that homoeopathy is clearly efficacious for any single clinical condition.

Two editorials in the same issue raise concerns about the quality of the trials and the fact that negative trials are less likely to be published.



*"My* poor friend Stanley has  
many different allergies."



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*"He* needs Piriton."

This shouldn't take long... just like Piriton. Piriton provides effective relief from *any* anti-histamine responsive allergy, *any* time of year, and don't forget, Piriton Syrup is also suitable for anyone over the age of one. We'll be advertising Piriton everywhere soon, so shouldn't it be on your shelf? Piriton has a well-proven safety profile, good efficacy and a heritage to be proud of – all at a very cost competitive price – recommend a classic, recommend Piriton.

**A classic for all the family**

CHLORPHENIRAMINE  
MALEATE

**PIRITON™**

*for allergies*

**Product Information:** Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Relief of allergic conditions including hayfever. **Dosage and administration:** Tablets: Adults 1 tablet. Children aged 6-12 ½ tablet. Every 4-6 hours. Syrup: Adults 10ml. Children aged 6-12 5ml. Aged 2-5 2.5ml. Every 4-6 hours. Aged 1-2 2.5ml twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. *Co-existing conditions:* Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease, epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good

oral hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastro-intestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, blood dyscrasias, allergic reactions, dizziness and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effect and rarely may become confused or excitable. **Retail selling price (inc. VAT):** Piriton Allergy Tablets 30 £2.19. Piriton Syrup 150ml £2.75. **Legal Category:** P. **Product licence numbers:** (Piriton Allergy Tablets) 0036/0091. (Piriton Syrup) 0036/0091. **Product licence holder:** Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP. **Date of preparation:** March 1997. DO3314



# COUNTERpoints

## Cold and sinus tablet joins Advil range

Whitehall Laboratories has launched Advil Cold and Sinus in the UK.

Already well established in the US, the product is a Pharmacy licenced decongestant to relieve sinus congestion.

It is designed to relieve the symptoms of winter and summer colds, flu, and the sinus and nasal congestion of hayfever – without causing drowsiness.

The formulation contains both ibuprofen and pseudoephedrine in their optimum doses for a P product. The 200mg of ibuprofen offers relief from pain, inflammation,

headache, fever, aching muscles and sore throat. The 30mg of pseudoephedrine relieves nasal and sinus congestion.

The tablets are available in packs of ten (rsp £2.39) and 20 (rsp £3.79).

As part of a total \$5 million advertising campaign for the Advil



brand, the new product will be launched with \$2m support during the year from November.

It will be backed by press advertising starting in November and a television advertising campaign which will break in December.

**Whitehall Laboratories Ltd.**  
Tel: 01628 669011.

## Therapeutic way to freeze away joint and muscle pain

Hill Country Therapeutic Ice Pack is a new cold pack developed to provide fast pain relief for both joint and muscle pain.

It features a non-toxic gel which is formulated from non-hazardous food

grade materials for safety. The gel is contained in a double-layered bag which stays flexible when frozen, conforming to any body shape or size.

The manufacturer says the product is suitable

for use during pregnancy to relieve back pain and swelling, as well as during lactation to relieve mastitis and numb, sore nipples before feeding.

**Corrykinloch (UK) Ltd.**  
Tel: 0161 865 9445.

## Infant cough syrup for Buttercup

Pfizer Consumer Healthcare is adding a new infant cough syrup to its Buttercup range.

Buttercup Infant Cough Syrup is a soothing, fruit-flavoured, all-purpose remedy for

children aged one to five years.

The formulation contains ipecacuanha, a suppressant that soothes dry, tickly coughs, menthol to act as a decongestant for chesty coughs, and soothing liquid glucose. Retail price is £2.39.

The GSL product is designed to appeal to parents of young children who are looking for a brand with traditional and 'warm family values', not a remedy which appears to be too 'scientific'.

● Ninety per cent of sales in the growing £12 million children's cough liquid market are through pharmacy.

**Pfizer Consumer Healthcare.**  
Tel: 01420 84801.



## Vicks VapoSyrup cough relief offers that soothing feeling

Procter & Gamble is relaunching its Vicks VapoSyrup with an improved formulation.

New Vicks VapoSyrup has been developed to give a long-lasting, soothing feeling in the throat.

It has a cherry flavour and is available in two variants – Chesty or Dry. The Chesty variant also provides a warm sensation in the chest. Both variants retail at \$3.49 for 120ml.

The launch will be supported by a regional TV campaign which will be on air from

## More Care given to ibuprofen

Thornton & Ross is introducing a new look for Care Ibuprofen tablets.

Following research among independents, who requested a more visually-appealing pack, the product now comes in a striking silver, red and blue livery.

Initially, Care Ibuprofen 400mg x 24 will appear in the new

colours, followed by the 200mg in November.

The product is designed to offer customers a value for money alternative to branded ibuprofen.

The introduction of the new packaging is being supported by a promotional bonus.

**Thornton & Ross Ltd.**  
Tel: 01484 842217.



## Allergan goes soft with new solution

Allergan has reformulated its Complete contact lens solution to make it smoother and silkier with enhanced viscosity.

Complete Comfort Plus is designed to cushion soft contact lenses in the eye.

The formulation now includes the ocular

lubricant hydroxypropyl methylcellulose (0.15 per cent) which is widely used in ophthalmic solutions.

Retail prices are \$8.29 (240ml) and \$5.69 (120ml). It is only being sold through opticians and pharmacies.

**Allergan Ltd.**  
Tel: 01494 444722.

November. The commercial will communicate that the product 'provides cough relief that you feel working for longer'.

The launch will also be supported by a massive consumer sampling campaign being run with

the agreement of the Royal Pharmaceutical Society.

The product will only be distributed through pharmacy outlets.

**Procter & Gamble (Health, Beauty & Cosmetics) Ltd.**  
Tel: 01932 896000.





# 50%

## 50% PROFIT ON RETURN ON MONMOUTH PHARMACY OTC PRODUCTS



We believe that *half* the value of a pharmacy medicine is in the advice supplied alongside the medicine itself. That is why we are giving you, the Retail Pharmacist, **50% Profit on Return (POR)**, irrespective of the volume ordered, on all Monmouth pharmacy OTC products, i.e. **EXPULIN™**, **MINTEC™** and **ENTEROSAN™**. This equates to a **100% mark up in profit**.

**EXPULIN** (all packs) **POR @ 50% = £1.00 profit** per pack  
**ENTEROSAN 24's** **POR @ 50% = £1.15 profit** per pack  
**ENTEROSAN 40's** **POR @ 50% = £1.85 profit** per pack  
**MINTEC 12's** **POR @ 50% = £1.24 profit** per pack  
**MINTEC 25's** **POR @ 50% = £2.41 profit** per pack

You will be able to order Monmouth OTC Products from your wholesaler with the 50% (POR) margin built in to the difference between trade and retail prices.

**Order today and make sure you don't miss out.**

For further information, please contact

**MONMOUTH PHARMACEUTICALS**

**Monmouth Pharmaceuticals Ltd,**  
 3 & 4 Huxley Road, The Research Park, Guildford, Surrey GU2 5RE  
 Telephone: 01483 565299.

TM Trade Mark



# Sensodyne has something for kids to smile about

Sensodyne has introduced a new range of toothbrushes for children.

Sensodyne Smiles is designed for kids aged three to eight. It has an easy to grip chunky handle, a small oval head and soft end-rounded polyester filaments that are gentle on tender young teeth and gums.

The product comes in four bright handle colours featuring the beaming smiles of Constable Clean, Nurse White, Fireman Brush and Shiny Bright. Retail price is \$1.89.

The launch will be backed by press

advertising in parenting and women's magazines this autumn. In-store support material includes posters, shelf wobblers and consumer leaflets.

● Sensodyne has relaunched its Barbie children's toothbrushes with new designs. The range now features After School Barbie, Back to School Barbie and Glamour Barbie.

Barbie is the number one girl's toy brand and Mattel is spending \$5.2 million on advertising this autumn to raise awareness for Christmas.

**Stafford-Miller Ltd.**  
**Tel: 01707 331001.**

## Latest skin treat from Down Under

Thursday Plantation is introducing Macadamia Face and Body Oil for dry and sensitive skin.

It is formulated to rejuvenate dry, tired or mature skin, smoothing fine lines, skin blemishes and marks.

Macadamia Oil, which is a good moisturiser, is obtained from the kernel

of Macadamia tetraphylla and Macadamia integrifolia nuts grown in Australia. The product also contains vitamin E and French lavender oil.

It should be applied sparingly, with excess oil wiped off with a tissue. Retail price is \$7.95.

**Health Imports Ltd.**  
**Tel: 01274 488511.**

## Boost for natural iron supplement from the Welsh mountains

Trefriw Wells Spa is introducing a vibrant new look for its Spatone Iron+ supplement which comes from a natural spa source in the Snowdonia mountains of North Wales.

Bright orange packaging for the natural iron supplement emphasises its energy-boosting properties.

The product is also being supported by a \$260,000

educational advertising and promotional campaign, which will run until February next year.

The campaign will appear in the specialist press, targeting key areas, such as pregnancy, health and fitness, and the over-60s.

The product is available in 14- and 28-day packs, retailing at \$3.85 and \$6.49. It also comes in individual sachets (rsp \$0.30) with a special counter dispenser.

A counter dispenser, leaflets and window display box are available free when purchases of cases containing eight x 28-day supplies and 16 x 14-day supplies are made together.

**Farillon Ltd.**  
**Tel: 01708 379000.**



## Clean sweep for Roc faces

Roc is launching a new facial cleansing range which is formulated to help the skin breathe.

Démaquillage Actif is a range of cleansers and toners designed to prime the skin so that moisturisers or treatment products can work more effectively.

The range comprises a cleansing milk and toner for normal/combination skin, a cleansing milk and toner for dry skin, and a 2 in 1 cleanser/freshener, rinse off facial cleanser and eye make-up remover for all skin types.

Each product retails at \$6.95.

The range contains ingredients which have been especially chosen for their hypo-allergenic properties, making them suitable for women who want to thoroughly cleanse their skin without the danger of irritation.

The new products will replace the current Roc cleanser and toner range.

**Johnson & Johnson Ltd. Tel: 01235 824323.**

## Revlon's shining example

Revlon is introducing its Line & Shine colour cosmetic for lips for a limited period from November 27 until Christmas Eve.

It combines a lip liner and lip gloss in one dual-ended stick. The lip pencil can be used to give definition, while the matching colour at the other end will provide a luxurious shiny finish.

The product comes in six shades – Bare Shine, Coffee Shine, Nude Shine, Berry Shine, Flesh Shine and Chocolate Shine. It will retail at \$7.95.

**Revlon International Corp. Tel: 0171 629 7400.**

## Eye opener from Miners

Miners Cosmetics has introduced six new shades to its Eyeliner Pencil collection.

The new colours are Mellow Yellow, Candy Floss (pale pink), When Smoky Sings (dusky grey), Blue Jeans (denim blue), She's Electric (dazzling blue) and Spearmint Daze (mint green).

The pencils are formulated to smooth onto the delicate area around the eye. Retail price is £1.49.

**Paul Murray plc. Tel: 01703 268444.**

### ABBREVIATED PRODUCT INFORMATION.

#### Tixylix Catarrh

For the relief of chesty coughs, catarrh and nasal congestion. **Dosage:** Children 1-5 years 5 ml, children 6-12 years 10 ml. Administer four times a day. Not for children under 1 year of age. **CI:** Hypersensitivity, acute porphyria. **Precautions:** Caution in those having conditions aggravated by anticholinergic therapy, severe liver disease, severe kidney disease, severe lung or heart disease, asthma, thyroid disease or depression. Use with caution in those with hepatic failure. **SE:** Sedation is the most common effect. Occasionally, allergy, anaphylaxis and anticholinergic effects, tremors, paradoxical excitability, rash. **Interactions:** Tricyclic antidepressants, hypnotics, anxiolytics or antihistamines. [P] PL 0427/0049  
**PL Holder:** Rosemont Pharmaceuticals, Braithwaite Street, Leeds.

#### Tixylix Night-Time / Tixylix Night-Time SF

For the symptomatic relief of cough and colds in children, especially useful for irritating night cough. **Dosage:** Administer two or three times a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity. **Precautions:** Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics. [P] PL 0030/0080 & PL 0030/0081\*

#### Tixylix Inhalant

For the relief of head colds, catarrh, flu and hayfever. **Administration:** Babies 3 to 12 months: sprinkle contents onto a handkerchief. Place out of reach of the baby. Children 1 year and over: sprinkle onto bed-linen, pillow or night-wear at night. Tip the contents of one capsule into a pint of hot water and inhale the vapours. Always use under parental supervision. **CI:** Hypersensitivity. **Precautions:** For external use only, avoid direct contact with the skin, eyes or nostrils. GSL PL 0030/0083\*

#### Tixylix Daytime

A cough suppressant. **Dosage:** Administer six hourly as required. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. [P] PL 0030/0090\*

#### Tixylix Chesty Cough

Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. **Dosage:** Administer 4 hourly. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **Precautions:** Should not be taken with a cough suppressant. GSL PL 0030/0082\*

#### Tixylix Cough and Cold

Cough suppressant and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three doses in 24 hours. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity, tachycardia and severe cardiac disorders. Those taking monoamine oxidase inhibitors or have taken monoamine oxidase inhibitors in the last two weeks. Not recommended during an acute asthmatic attack. **Precautions:** Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** Monoamine oxidase inhibitors, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. [P] PL 0030/0089\*

**Retail prices – 1. £2.55. 2. £1.75.**

**PL Holder –** \* NDVARTIS Consumer Healthcare, Wimbleshurst Road, Horsham, West Sussex RH12 4AB.



My mum says she  
 wouldn't know what  
 to do if our chemist  
 ran out of my  
 special medicin.



## You can't lick Tixylix.

Tixylix is made for kids. It has grown up into a range of medicines to effectively relieve every kind of cough and cold. And tests confirm Tixylix has a taste kids prefer, so it's easier to take.

No wonder Tixylix is No.1 with sales four times bigger than its nearest competitor.

Give them Tixylix this winter – after all, you wouldn't want to miss out on another year's success.

<b>Tixylix</b> Fizzy Cough Chlorphenesin Ph Eur.	<b>Tixylix</b> Cough & Cold Pholcodine Ph Eur. Pseudoephedrine BP Chlorpheniramine BP	<b>Tixylix</b> Night-time Pholcodine Ph Eur. Promethazine Ph Eur.	<b>Tixylix</b> Daytime Pholcodine Ph Eur.	<b>Tixylix</b> Catarrh Syrup Diphenhydramine BP Menthol BP	<b>Tixylix</b> Tincture Menthol BP, Eucalyptus BP, Camphor BP, Turpentine oil BP
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# TCP lozenge has cool appeal

A new sore throat lozenge has been introduced into the TCP range by Pfizer Consumer Healthcare.

TCP Sore Throat Lozenges have a cool menthol flavour and are formulated to provide rapid relief from painful sore throats.

The GSL product contains hexylresorcinol which acts as a local anaesthetic to soothe pain and an antiseptic to fight the bacterial infections that can cause sore throats.

The product replaces TCP Pastilles, as the company's research shows that, although

most consumers are aware of the efficacious properties of the TCP brand, some do not like the smell or taste.

Packaging for the new lozenge highlights the product's cool menthol flavour.

Retail price is \$1.79.

● The packaging for the entire TCP range has been updated with a more modern look



designed to appeal to a younger market.  
**Pfizer Consumer Healthcare.**  
**Tel: 01420 84801.**

## Designer hair care

Nicky Clarke Haircare has appointed Food Brokers to handle the sales and distribution of its Hairomatherapy and Sport brands.

**Food Brokers Ltd.**  
**Tel: 01705 219900.**

## Change of licence

Colgate Oral Pharmaceuticals has announced a change of licence status for its Colgate Chlorohex 2000 – from GSL to P.

**Colgate Oral Pharmaceuticals.**  
**Tel: 01483 302222.**

## Winter boost

Vantage has designed a promotional pack for its winter remedies range. It contains 12 shelf edgers and an A4 poster. The pack is available from October 1 until the end of December.

**AAH Pharmaceuticals.**  
**Tel: 01928 717070.**

## Gluten-free baking

SHS International has produced a new step by step gluten-free baking booklet, entitled 'A simple approach to gluten-free baking with Juvela'. Designed to assist newly-diagnosed coeliac patients with gluten-free baking, the booklet will be included in all Juvela starter packs.

**Juvela Nutrition Centre.**  
**Tel: 0151 228 1992.**

## Persona promotion means prizes

Unipath is backing its October 1 launch of Persona into independent pharmacies with a \$2 million marketing support programme.

Promotional activities for this method of contraception include an advertising campaign and a comprehensive range of training initiatives and support materials.

A free merchandising kit includes showcards, window banners, door stickers, shelf edgers, leaflets and product

display cartons.

The kit also contains details of a 'mystery shopper' campaign, awarding pharmacists with instant prizes if Persona is displayed in-store when one of 100 'mystery shoppers' calls.

The company is offering one to one training by its salesforce for pharmacists who have been unable to attend one of its Persona training seminars this month.

**Unipath Ltd.**  
**Tel: 0800 267448.**

## Colgate character battles for Total

Colgate-Palmolive is investing \$1.7 million in a new television campaign for Colgate Total toothpaste, which is on air for the next three weeks.

The new 30-second commercial features a cartoon character who emerges from the Colgate Total tube.

He seizes the Colgate ring displayed on the box and uses it as a shield to protect

himself against the bacteria that cause plaque, tooth decay and cavities.

At the end of the battle, the shield turns into a clock to highlight the 12-hour protection offered by the product.

A national poster campaign will run for two weeks from October 6.  
**Colgate-Palmolive Ltd.**  
**Tel: 01483 302222.**



## Fancy that!

A French range of fancy glass perfume atomisers has been launched by Comby.

The Voltiris Vapoceur collection features a variety of refillable bottles in bold colours, like rich red, blue and green, or more subtle pastel shades, tinted, frosted or transparent glass.

Each bottle is designed with a small funnel so that it can easily be filled with a favourite perfume. Retail prices range from \$9.99 to \$19.95 for a presentation set.

An unusual display stand, which holds up to seven bottles, is available.  
**Comby (London) Ltd.**  
**Tel: 0181 830 0345.**

## Cotton upgrade

Robinson Healthcare is changing the grade of cotton in all its cotton wool products. From the end of September, only 100 per cent Comber cotton will be used.  
**Robinson Healthcare.**  
**Tel: 01246 220022.**

## Win a million

From October, Jamont is giving consumers the chance to win £1 million in an on-pack promotion across its Kittensoft tissue and kitchen roll range.

**Jamont UK Ltd.**  
**Tel: 0181 864 5411.**

## Wisdom correction

Wisdom Orbital retails at £2.29, not the £2.99 quoted in C&D September 13.

## Disney classic on a shelf near you

'Lady and the Tramp' is the latest Disney design on Cannon Avent's baby feeding equipment.

Capitalising on the recent re-release of the film, the design features on single and triple packs

of Cannon Babysafe feeding bottles (rsp \$2.25, \$5.49), Avent Soft Spout trainers (rsp \$3.49) and packs of two Avent soothers (rsp \$3.49).  
**Cannon Rubber Ltd.**  
**Tel: 01787 267000.**

## Pump up your lips with Pulp liquid

L'Oréal will be launching Rouge Pulp liquid lipcolour in November.

It is a lip gloss formulated to combine intense colour, long-lasting properties and high gloss.

It contains plant oils

and lanolin which smooth, nourish and protect the lips. It also includes vitamin E and has an SPF of 8.

Available in eight shades, it retails at \$4.99.  
**L'Oréal**  
**Tel: 0171 937 5454.**

## ON TV NEXT WEEK

**Asilone Indigestion Remedies:** Sat

**Colgate Total:** All areas

**Crest Complete toothpaste:** Y

**Imodium:** All areas

**Johnson's Baby Pop-up wipes:** All areas

**Listerine:** C, A, M, LWT, CAR, C4, Sat

**New Clearasil Complete:** All areas

**Nizoral dandruff shampoo:** C, A, M, LWT, GMTV, CAR, C4, Sat

**Pantene:** All areas except GMTV

**Poligrip Ultra:** All areas

**Solpadeine:** GTV, STV, Y, HTV, W, TT

**Wella Experience:** All areas

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



# Enrol now for pet health course

Pharmacists wishing to enrol on the Certificate in Veterinary Pharmacy pet health distance learning course need to get their applications in as soon as possible.

The course, offered by the School of Pharmacy, Queen's University of Belfast, in collaboration with the Royal Pharmaceutical Society and the Pharmaceutical Society of Northern Ireland, commences in October and runs for approximately 24 weeks.

It aims to provide training in common diseases affecting a wide range of companion animals, medicines for their treatment and some information on ways of promoting improved animal health. Legal aspects of sup-

plying veterinary medicines via community pharmacies will also be covered. There are four self-teaching units, which each require about 20 hours of study.

It is possible that in future the course may be able to count as a module towards the RPSGB diploma in agricultural and veterinary pharmacy. Fees for the certificate course are \$230 for students living in the European Community and \$340 for others.

Forms and further information are available from the secretary, Certificate in Veterinary Pharmacy, School of Pharmacy, Queen's University of Belfast, 97 Lisburn Road, Belfast BT9 7BL. Tel: 01232 335801.

## Vet medicine import restrictions planned

Veterinary medicines unauthorised in the UK will not be allowed to be imported in future if a Veterinary Medicines Directorate proposal is accepted.

In consultation letter VMD 2349/3639, the VMD explains that the change would bring the UK into line with European case law, set by C-297/94: *Bruyere versus Belgium*. The change to the Medicines (Restrictions on the Administration of Veterinary Medicinal Products) Regulations 1994 would prohibit importation of an unauthorised veterinary medicine for the purposes of administration. It will also make it an explicit offence to import a

product not authorised in the UK for the purposes of placing it on the market.

The VMD is also proposing to allow a veterinary medicine authorised elsewhere in the European Community to be used in clinical trials in the UK for comparative purposes.

Three consolidating and minor amendments are also included looking at administration in emergencies, extemporaneous product and prescribing cascade relating to food-producing animals.

Comments should be returned by October 31 to the VMD, Woodham Lane, New Haw, Addlestone, Surrey KT15 3NB.

## PA against patient information on Internet

The Patients Association believes the transfer of patient information on the Internet is unacceptable.

The PA's secretary, Stephanie Ellis, speaking at Chemex on September 21, said: "The PA is against the transferral of patient information on the Internet, even if it is encrypted. The transfer would only be acceptable to us if it took place on a secure system."

Ms Ellis warned that price increases brought about by the incorporation of new technology

were likely to lead to a decrease in people visiting pharmacies.

Further developments that the PA would like to see include better access to patient records for patients, and better presentation of drug information to patients.

● Claire Rayner, the Patient Association's new chairperson, will officially launch the PA's website - [www.pat-assoc.org](http://www.pat-assoc.org) - next month. It can be accessed now and includes a newsletter, a discussion forum and a self-help group database.

## New audio-visual service booklet issued

A new edition of the Audio Visual Service Catalogue of the Royal Pharmaceutical Society has been published.

The booklet gives details of the educational presentations in video, tape/slide lecture, illustrated lecture and audio cassette

format available for loan to pharmacists free of charge.

Branch secretaries should be receiving copies of the catalogue. Further details are available from the department of pharmaceutical sciences at the Society on 0171 735 9141 ext 288.

For sore  
throats,  
which  
throat  
lozenge  
do you  
recommend  
most





## Christmas crackers

Elida Fabergé is presenting its latest Impulse fragrances in trendy limited edition gift packs for Christmas. Designed by Red or Dead, the two sets are targeted at the teenage market. Retail price is £5.25. **Elida Fabergé.**  
Tel: 0181 481 6000.

## Festive fizz

Montagne Jeunesse has Christmas all wrapped up with three novelty Aromatherapy Bath Fizzers. The products are wrapped in festive cellophane and tied with red and gold ribbon. Retail price is £1.99. **Montagne Jeunesse.**  
Tel: 01792 310306.

## Comfort and joy

AVD Cosmetics is all set for the festive season with 12 Aveda gift packs. Ideas range from a Bath Kit with a refreshing bath bar and recycled aluminium soap dish (rsp £10) to a Luxurious Spa Body Care Kit (rsp £60). **AVD Cosmetics Ltd.**  
Tel: 0171 410 1600.

## Christmas bonus

Fleur Aromatherapy is offering 10 per cent off its Christmas Collection essential oils and aromatherapy products until December 31. **Fleur Aromatherapy.**  
Tel: 0181 444 7424.

## Boxing clever

Worth Je Reviens is presented in an attractive turquoise and gold boxed new set for Christmas. The pack comes with 50ml eau de toilette spray, two gold pleat-wrapped soaps and a permed talc (rsp £22.50). **International Classic Brands.**  
Tel: 0181 579 6060.

## Hanging around

For a Christmas tree decoration with a difference, Bronnley is offering a round Victorian-styled tin with a soap inside, complete with a gold hanging loop (rsp £3.95). **H Bronnley & Co Ltd.**  
Tel: 01280 702291.

## Seasonal scent is in the bag



Brand Managers has introduced a collection of fragrance sachets especially for Christmas.

The Scentations Christmas range comprises five traditional seasonal fragrances – Angelica, Cones 'n' Spice, Christmas Rose, Christmas Traditions and Winter Spruce.

Each sachet features

an original watercolour illustration with a Christmas theme by artist Kitty Harvill.

Designed to be used to fragrance cupboards, drawers and even the inside of the car, the sachets make an ideal stocking filler. Retail price is \$2.50.

**Brand Managers Ltd.**  
Tel: 0181 286 6688.

## Baubles brighten Cacharel line

Parfums Cacharel is introducing Christmas Baubles as a novel gift line for four of its fragrances.

Featuring Anais Anais, Eden, Eau d'Eden and Loulou, the baubles come in four different colours.

Each contains an eau de toilette/eau de parfum spray (30ml) and six fragrant bath pearls.

Available in October, the products will retail for around \$19.50.

**Prestige & Collections Ltd.**  
Tel: 0181 979 6699.

## French dressing from Ceuta

Ceuta Healthcare has introduced gift boxes for three French fragrances from Parfums Gilles Cantuel.

For women Creature gift sets include an eau de toilette (50ml), a miniature-size bottle (4.5ml) and a soap. The

Folie de Creature gift set comprises eau de toilette (50ml) and a body spray.

The Alamo gift pack for men contains aftershave and eau de toilette. The gift sets are priced at \$19.99 (rsp). **Ceuta Healthcare Ltd.**  
Tel: 01202 780558.

## English classics – all wrapped up

Woods of Windsor has introduced a wide range of appealing gift sets for Christmas.

The collection features toiletries in classic floral fragrances, home fragrance products, gift sets for Woods of Windsor Gentleman and Flower Fairies perfumery products.

Retail prices range from \$3.95 for a gift set of miniatures (2 x 25g soaps, bath and shower gel and 30ml hand and body lotion) to \$19.95 for Woods of Windsor Gentleman 100ml aftershave and a watch in a boxed set.

**Woods of Windsor Ltd.**  
Tel: 01753 686263.



## Bringing gifts of myrrh

Brand Managers has introduced two bathroom ranges from Atkinsons I Coloniali to capitalise on the gift season.

The Christmas range features two bath care gift sets for men and women, a shaving set for men and a fragrance set for both sexes. Gift sets retail from \$7.50 to \$19.50.

The Mirra & Mirra Aromatic range is based on the oriental fragrance of myrrh. It includes a fragrance, bath cream, shower cream, soap and body lotion. The range comes in minimalist silver aluminium packaging. Retail prices range from \$2.95 to \$25.00.

**Brand Managers.**  
Tel: 0181 286 6688.



## A time for giving – naturally

Weleda has introduced three new gift packs for its cruelty-free Body Therapy range.

The Luxury Rose pack includes a 100ml size of Wild Rose Body Oil (100ml of pure essential oil) plus Moisturising Rose Soap. The Classic Men's pack contains Weleda's new After Shave Balm and Shaving Cream.

Both sets come in deep blue presentation boxes tied with a string of raffia to underline the 'all natural ingredients' message. Retail prices are \$22.50 and \$12.90 respectively.

Also new is the

Calendula Babycare pack (rsp \$12.15), which contains the company's newly-launched Calendula Baby Lotion together with Baby Moisturiser and Nappy Change Cream. It is packaged in a yellow presentation box and decorated with yellow Calendula flowers.

The seasonal trade parcel of all three packs, including free presentation boxes, gift wrap and ribbon, is \$25.88. This represents 10 per cent off normal trade prices for products alone (POR 36 per cent).

**Weleda (UK) Ltd.**  
Tel: 0115 9448222.

## Fragrant treat in a tin

Coty is presenting its fresh Chanson d'Eau fragrance inside a special gift tin for Christmas.

The white tin, which is decorated with green leaves, contains one eau de toilette spray (100ml). Retail price is \$7.99.

The brand is currently being backed by a \$1 million support programme which includes advertising in women's magazines until December. Five million scent strips are to be used in this campaign.

**Coty (UK) Ltd.**  
Tel: 01734 302302.





# The most recommended lozenge in pharmacy - because you say so. And say so.



It's no coincidence that when it comes to sore throats, Merocaine is the most recommended throat lozenge<sup>1</sup> - because nothing has been clinically proven to relieve sore throats faster.<sup>2</sup>

And thanks to you, your customers have found the effective relief they need.

## And say so.

It's the powerful, dual action combination of Benzocaine, a strong local anaesthetic to relieve pain, together with Cetylpyridinium Chloride (CPC), a fast-acting anti-bacterial agent, which produces such impressive results. In fact, Merocaine's powerful antimicrobial efficacy is clinically proven to achieve a 99% reduction of the most common oral pathogens within 5 minutes.<sup>3</sup>

For severe sore throats, Merocaine should be your number one recommendation, because Merocaine provides fast, effective relief for your customers - and a good Profit on Return for you.

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For sore throats, make Merocaine your No1 choice.



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Tubiton House, Oldham OL1 3HS,  
England. Telephone 0161-652 2222  
Merocaine is a Trade Mark of Hoechst Marion Roussel Ltd

Merocaine Lozenges Product Information: Active Ingredients: Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. Uses: Relief of pain and discomfort of throat infections. Dose: Adults, and children over 12 years: two lozenges every 1-2 hours as needed but no more than 8 in 24 hours. Contraindications: Hypersensitivity to ingredients. Use in Pregnancy: No data but cetylpyridinium chloride and benzocaine have been widely used for many years without reports of ill effects. Side-effects: Urticaria and other allergic reactions very rarely, transient burning sensation of mouth rarely, Methaemoglobinemia has been reported with benzocaine. Precautions: Label states: If symptoms persist or become severe or are accompanied by fever, headache, nausea and vomiting, consult your doctor. Licence Holder: Seton Products Limited, Tubiton House, Oldham, OL1 3HS. Product Licence Number/Legal Status/Price: PL 11314/01/05 P, L2, 25. Date of Preparation: July 1997. References: 1 Taylor Nelson AGB Counterpoint (Q1 1997). 2 Kagan G et al. J Int Med Res (1982) 10, 443. 3 Richards RME Pharm Jol Vol 242 Nov 15/16 June 1989





## NEW NUROFEN CAPLETS GET YOUR PROFITS INTO GREAT SHAPE

For the estimated 10 million potential customers who would prefer a caplet to a tablet, new Nurofen Caplets should go down rather well.

The launch of new Nurofen Caplets is



being supported by a huge TV campaign to really drive sales forward. And, with the strength of the Nurofen name behind it, new Nurofen Caplets are shaping up to be a big success.

**NEW PROFIT OPPORTUNITY FROM THE NO.1 ANALGESIC BRAND**



# Topical issues



Movelat Relief: new pack due

**The topical analgesics market has had a boost from the introduction of 'stronger' non-steroidal anti-inflammatory formulations**

**T**he topical analgesic market is going from strength to strength. Unlike the oral analgesic sector, which has remained fairly static, it has been blessed with an 11 per cent year on year growth and is now worth \$17.9 million.

This growth has mainly been fuelled by the introduction of topical non-steroidal anti-inflammatory drugs whose sales hit \$8.7m in May. In that same period, the traditional topicals fell by 9 per cent.

To get in on the act, manufacturers of the traditional products – rubefacients and counter-irritants – are also introducing topical NSAID formulations within their brands. This has the advantage of drawing on established heritage and offering consumers a choice of a 'stronger' product for the more difficult to shift aches and pains.

## Traditional

Trade marketing director of the Mentholatum Company Mike Corzberg agrees that the increasing number of premium-priced

NSAIDs has helped to edge the market along in value terms, but that this has exerted a downward pressure on almost all the other areas.

While re-emphasising his support for Resale Price Maintenance, Mr Corzberg welcomes the move from POM to P and from P to GSL, especially where the active ingredients are unique or offer distinctive differences. He also wants to see the active ingredients in topical analgesics demystified. "This will mean that consumers can make a more enlightened choice and ensure that they buy the right product for their problem," he says.

The Mentholatum Company has introduced an ibuprofen formulation alongside its traditional brands to boost its share. Deep Relief Ibuprofen Gel and the Deep Freeze and Deep Heat ranges command 20 per cent of the total market, with sales growing by 15 per cent.

At the beginning of this month, Deep Relief was introduced in a new non-CFC pump dispenser. Mentholatum is also supporting the brands with consumer advertising for Deep Relief and the Deep Heat and Deep Freeze ranges throughout the year. A direct marketing and PR campaign is also planned.

Roche Consumer Health has also mixed the old with the new, launching Radian B Ibuprofen Gel in March this year, supported by an advertising campaign.

## Stronger options

The first NSAID topical analgesic to be introduced OTC was Ibuleve back in 1991. Two-thirds of its users are 55 years and over, and seven in ten are women, according to a survey carried out



Traxam now supports the *International Sports Medicine* publication

by manufacturer Dendron. However, while the older consumers used it for chronic backache, rheumatism and muscular pains, the under-35s bought it for transient muscular pain, sports injuries and pain from carrying heavy loads.

Because of this bias, Dendron produced an eight-page consumer leaflet last month, entitled 'A guide to chronic pain'. The publication is being distributed through pharmacies.

As well as POS material, Dendron is also supporting Ibuleve with a \$2.3m advertising campaign, including national TV.

Pfizer Consumer Healthcare introduced its own player into the field in February. Feldene P Gel containing piroxicam was switched from prescription to pharmacy, heavily supported by a \$3m marketing campaign.

Sample packs were introduced at launch to encourage trial. National TV advertising, POS and training material for pharmacy assistants were also introduced.

Nick Rhys-Jones, product manager at Sankyo Pharma, fears the proliferation of OTCs for arthritic conditions has led to confusion among consumers. His solution to the problem is category management. Separating products out into topical and oral and grouping these according to function may help.

Sankyo Pharma plans to repack Movelat Relief in the coming months and introduce a new size. An educational cam-



Pfizer's new player: Feldene P Gel

paigned is also planned, spearheaded by Mr Motivator of GMTV. The brand will be supported by an advertising campaign and trade and consumer promotions.

## Educational approach

Whitehall Laboratories is offering pharmacists with an interest in sports medicine the chance to subscribe to *International Sports Medicine*, courtesy of Traxam Pain Relief Gel.

The journal, which receives an educational grant from Traxam, was originally only available to general practitioners and physiotherapists. Senior product manager Denise Corbett explained Whitehall's intentions: "Pharmacists who wish to offer their customers a specialist service on sports medicines and soft tissue injuries may find this publication a useful adjunct to their existing reference material," she says.

Pharmacists wishing to subscribe should write to Anne McGinty, Medicom Publishing, Churston House, Portsmouth Road, Esher, Surrey KT10 9AD.

Solpaflex Gel containing ketoprofen was launched along with Solpaflex Tablets in July last year. This year, the brand is sponsoring an educational project, Backwatchers, run by the National Backpain Association. Smithkline Beecham is also producing a consumer leaflet on backache at the end of September.



Radian-B launched new Ibuprofen Gel in March this year



# Source of comfort

**Theft and shop shrinkage may never be eradicated, but new technology promises much tighter security.**

**Guy L'Aimable reports on the latest breakthrough**

**A**re you fed up with glancing at in-store mirrors to keep an eye on suspect customers? Your worries may soon be over because of a new security concept, called source protection.

The idea is one step ahead of the electronic article surveillance (EAS) system. Instead of retailers tagging their stock, it is tagged for them by manufacturers, packers or distributors.

Major pharmacy multiples – Boots the Chemists, Moss Chemist and Ireland-based Connors Chemists – are assessing its potential. All have installed Sensormatic Retail UK's Ultramax equipment, an acoustic-magnetic EAS system which consists of a device at the shop's entrance that flashes lights when activated by security tags. The tags are 'de-activated' at the till when the product is bought.

Boots is investing \$2 million to pilot Ultramax in 69 stores by February/March. It is spending about \$15,000-\$30,000 per small store on the system.

Moss has installed EAS in 40 stores following a six-month trial, during which time the stores' shrinkage was cut by 70 per cent.

Connors, meanwhile, has installed Ultramax in 27 stores in Ireland. The chain is applying security labels to high-risk lines, such as fragrances, razor blades and nappies, and will gradually cover the majority of its stock.

Sensormatic says new technology is extending the scope of source-tagging. "Now even small, high-risk health and beauty products, such as lipsticks, can be protected, as well as batteries, films and small pharmaceutical items that have little or no packaging," it says.

Such protection will increase sales, according to the company, because pharmacies could display their products more openly without worrying about the light-fingered consequences. Staff, meanwhile, could pay more attention to serving customers.

The concept appears to have international appeal. On the pharmacy side, stores ranging



from Brooks/Maxi Drug in the US to Watson's the Chemist in Asia are investing in it.

As UK multiples already have the right equipment, their next step is to identify their high-risk products and then negotiate source protection terms with manufacturers.

To provide source tagging manufacturers have to buy equipment to place the security labels on the packs, or drop them inside. The cost of the service is generally split between supplier and retailer and can be negotiated.

In some instances, manufacturers could pay the costs, providing the retailer promises to display their source-tagged goods more prominently.

While pharmacy multiples are still evaluating the concept, Tesco and Mothercare have already begun source-tagging trials using Ultramax.

On the manufacturing side, Unwin Seeds and Sheaffer Pens

now offer source-protected products.

Mike French, Sensormatic's product manager, says the system is gathering momentum. Manufacturers who adopt source tagging, he says, have to decide whether they want to tag all their goods, or just a select number for certain retail customers.

When will community pharmacies be involved? They could, theoretically, begin now. Sensormatic says electronic tagging systems can be rented for as little as \$30 per week, while the supplier charges about 3p on each product tagged.

The pharmacist would install two pedestals – depending on his store exit's width – and one tag-deactivating unit at each till.

But it makes sense to wait until economies of scale makes source tagging more affordable. Sensormatic predicts it will be widely used by community pharmacies in about three years time.

## Product information

**Presentation:** A light blue/dark blue enteric-coated capsule with a blue band between the cap and body. Each capsule contains a sustained release gel of 0.2ml peppermint oil B.P.

**Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. Also for the treatment of intestinal spasm secondary to other gastrointestinal disorders e.g. diverticular disease.

**Dosage and Administration:** Adult dose 1-2 capsules three times a day, 30 minutes to one hour before food, taken with a small quantity of water. The capsules should not be taken immediately after food. The capsules should be taken until symptoms resolve, usually within one or two weeks.

### Contra-indications, Warnings and Precautions:

The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus. Patients who already suffer from heartburn sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. COLPERMIN should not be used in pregnancy unless directed by a doctor. Adverse effects: Heartburn, perianal irritation, sensitivity reactions to menthol which are rare and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Do not use on patients who are allergic to peanuts or peanut oil.

**Pharmaceutical Precautions:** Store in a cool place. Avoid direct sunlight.

**Legal Category:** GSL (Pharmacy only) Product Licence No: PL 0032/0218

**Product Licence Holder:** Pharmacia & Upjohn Ltd. Packs of 20 capsules, trade price £2.75. RSP £4.85 (£4.13 exc. VAT). Colpermin is a Trade Mark.

**Date of Preparation:** January 1997.

# Colpermin

Pharmacia & Upjohn Ltd, Davy Avenue, Milton Keynes, MK5 8PH, U.K.  
Tel: 01908 661101.

### The need for tighter security in pharmacies has never been greater, as the British Retail Consortium's 1996 crime survey shows:

- pharmacies annually lose about £132 million through crime – one of the highest levels in any retail sector
- in-store losses account for 86 per cent, or £113m, of that total
- small independent retailers, including pharmacies, suffer ten customer thefts on average. Each theft costs about £170
- independents suffer an average of eight robberies for every 100 outlets, costing £4,500 per incident
- 60 per cent of independents in the survey had been burgled, compared with 33 per cent of multiples
- independents had six till snatches per 100 outlets, averaging £200 per incident
- retailers suffered 5.3 million criminal incidents, an average of 18 for every shop in the country
- robberies for all retailers grew 20 per cent last year, while the cost of crime fell slightly from £1,500m in 1995 to £1,420m
- customer and staff thefts account for 73 per cent of all retail losses
- staff thefts fell 14 per cent to £386m, although the number of incidents rose 31 per cent to 31,000
- nearly 21,000 staff were involved in retail theft and 40 per cent of them were referred to the police
- customer thefts fell by 7 per cent down to 4.9m, but they still cost £653m



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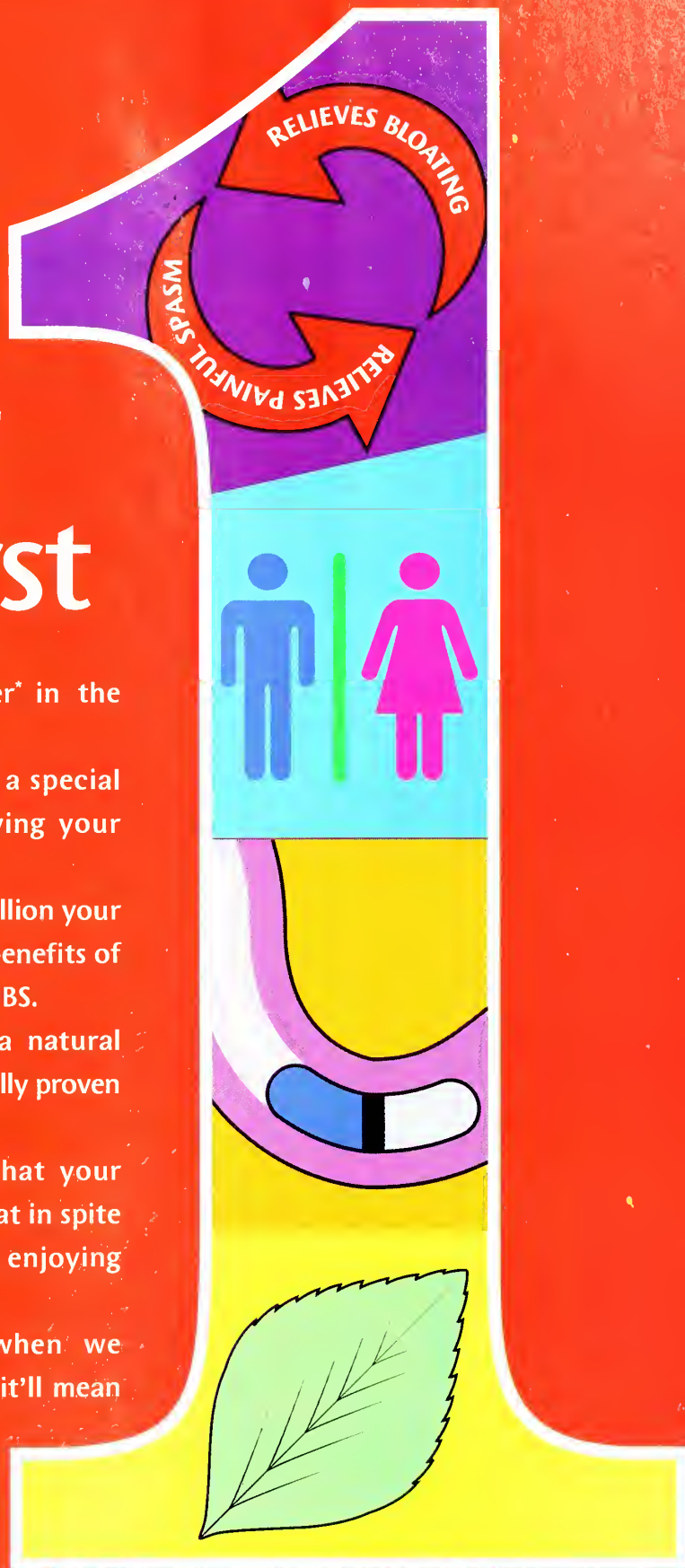
They were reassured that Colpermin was a natural treatment, containing clinically proven natural peppermint oil.

They were impressed that your recommendation meant that in spite of IBS they could carry on enjoying their lives.

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consistent business for you.

With our commitment we put you first. Do the same for us when you're recommending treatment for IBS.



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0.2ML PEPPERMINT OIL BP

\*Counterpoint, A. C. Nielsen, IMS data.

Relieves the painful spasm and bloating of Irritable Bowel Syndrome



# Is paper here to stay?

**BPC97**  
SCARBOROUGH

**'The impact of IT on the changing delivery of healthcare' was a topic debated by Andrew McKeon (the Department of Health's head of primary care), Dr David Markwell (principal consultant at the Clinical Information Consultancy) and Dr Gunnar Klein (Centre of Health Telematics at the Karolinska Institute, Sweden) at the BPC in Scarborough last week**



In debate: (l-r) Andy McKeon, Dr David Markwell and Dr Gunnar Klein

**A**lthough there is considerable talk about electronic prescribing, it seems the Department of Health is not keen to see the traditional paper system changed.

Dr Markwell had posed the question: "Time to dispense with paper?" IT will always affect procedures, he said, but warned that users need to be aware of its provenance.

Doll head of primary care Andrew McKeon said the current system is quite efficient. Even if paper prescription forms are replaced with electronic systems, Mr McKeon said paper would still be used to produce information leaflets for patients, as they like to take a piece of paper away with them.

Another factor is that prescription processing, which costs the Prescription Pricing Authority \$45 million annually, is still moderately priced compared to the investment needed to convert to an electronic system. "The question is whether the savings justify the investment. It requires a full option appraisal," he said.

Instead, Mr McKeon supported the current use of IT, which is changing other paper processes in the NHS – for example, by allowing practitioners to have a decision support system on the spot.

Publishers of drug information are making big changes and can dynamically update articles and distribute them. The Internet provides further opportunity for updating information daily, but source authority and editorial control are real issues. Although more information is available, it does not always mean it is of suitable quality or is read. This

can be important when talking about such things as adverse drug reactions, he said. Hence it is necessary to ensure some information is 'pushed' at users, as well as allowing them to 'pull' it off the system when needed.

In terms of electronic prescribing, Dr Markwell questioned the most appropriate method. Smart cards may seem a good option for the patient, but if they are only used for prescriptions, this can be expensive. Bar coding had been considered as it retains current business practices, but it does not remove paper. There are also reports of the bar code carrying different information from what was intended.

Electronic data interchange has the problem of direction from the GP to the pharmacist, and this should be determined by the professions. Doctors could have access to a central database, but there is a problem of data accumulation.

Dr Klein spoke on the security protection of healthcare communication and highlighted some of the issues being considered in Europe, one being interprofessional communication across national borders.

He wants people to make real risk analysis of systems, looking at three areas: threat, vulnerability and impact. System security goals include privacy, data integrity authenticity, availability and safety of users and data subjects. Coupled with this are possible threats of people masquerading as others and replication of data.

For electronic prescribing the main objectives for security are to ensure authenticity of information, to ensure that the prescription is authorised and to protect patient-identifiable data.

Among 70 projects being undertaken for the European Union is one by Telematics look-

ing at cryptographic techniques and digital signatures. Standards will have to be decided on what form this digital signature will take, but change in legislation may also be needed to allow electronic signatures to be accepted instead of hand-written ones. Germany has already passed such legislation, Dr Klein said.

It is most likely that the system will be supported by smart card technology, he said. The reasons for this include that a card will always be personal to wherever it is being used, the encryption key is protected by the silicon chip, the user needs a personal code and will normally carry the card at all times to prevent it falling into other people's hands.

However, for a secure system to work, there needs to be a trusted third party to authenticate the provider and user of information, to manage the cards, and generate certificates of signed links to show that the link is authenticated. Whether these third parties should be gov-

ernment or professional bodies will be up to individual nations to decide, but they will also have to be recognised internationally.

Managing knowledge is to become a bigger issue in the future, but how are we to effectively manage this, asked DoH chief pharmacist Bryan Hartley. People are also using IT to get round restrictions, he said, such as in mail order. This could have a global impact, but is the World Health Organisation powerful enough to act on this? He also wondered whether IT could be more successful in getting health messages through to the public.

Mr McKeon confirmed the point made by Boots' pharmacy superintendent, Marshall Davies, that, following the recent referendum on devolution, there will be four separate IT strategies. In effect, the NHS IT strategy will relate only to England, so there will be national differences, as well as the question of future regional devolution in England.

Dr Hopkin Maddock thought the European standards, being developed in part by Dr Klein, will apply as a core standard that would become mandatory across Europe to prevent disparity. But Dr Klein said that these standards are quite generic and will need national interpretation.

Professor Rees called for pharmacists to be included on the NHS-Net, saying there is a major need for them to be included now rather than as an add-on later.

Dr Markwell responded that pharmacists should be a part, but should also look at what services the NHS is providing and think about what the profession wants.



Following on from the British Pharmaceutical Students' Association reception, which was sponsored by APS/Berk, guests were invited to take part in American-style line dancing. Stopping for a quick photocall en route are: (l-r) Peter Curphey, the Royal Pharmaceutical Society's president; Linda Stone, RPSGB Council member; Rob Forde, BPSA president; Joyce Kearney from APS/Berk; and RPSGB vice president Christine Glover



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# Generalist or specialist?

Community pharmacy is a specialism, although it is not recognised in the same way as the GP is in medical practice. But within this specialism of community pharmacy lies a generalist core supplemented with further specialist services.

This was the consensus of a discussion, 'Community pharmacist – generalist or specialist?', led by the chairman of the Royal Pharmaceutical Society's practice committee, Hemant Patel.

Among the specialist types a typical community pharmacy might serve would be 50 diabetics, 150 asthmatics, 15 hospital discharges, eight colostomists, 750 elderly and 500 hypertensives, as well as children, pregnant women, community carers, addicts and the disabled. As such, each community pharmacist is providing a core generalist service, but with plenty of opportunity to specialise.

As to whether a pharmacist should specialise or generalise, Mr Patel thought that the community pharmacist should remain a generalist but work with others with skills in specialist areas. However, he asked if the NHS contract to provide pharmaceutical services should



**Hemant Patel, chairman of the RPSGB's practice committee**

lie with the community pharmacist employee, rather than the contractor.

Council member Mark Koziol used the analogy of the introduction of the WHAM protocol and asked if there should be a scheme that could give a pharmacist an idea of at what level they had to operate in order to be a generalist. This would define a generalist expectation, above which the community pharmacist could pass the patient on to the specialist.

Mr Patel thought the key was in building relations with the patient. Guidelines are how you

approach a situation, he said, but they can become mechanical. If pharmacists were to focus on a list of core generalist areas, then would these need to be agreed locally with health authorities or others? he asked. And could a generalist pharmacist give specialist prescribing advice or should this be left to the specialist pharmacist?

Glasgow pharmacist Claire Mackie thought generalist pharmacists should be aware of specialist areas as agreed with the HIA and could spend some time specialising. The corollary of this was put forward by Pharmaceutical Services Negotiating Committee assistant secretary Gordon Geddes, who thought that

specialist pharmacists would need to keep their hand in in general practice and spend some time in the generalist area.

Council member Nicholas Woods suggested that the generalist pharmacist could employ a specialist pharmacist, possibly part-time, to attend to such services as domiciliary visits or visiting GPs.

This could cause problems in that it needs funding. However, Ms Mackie said that this could be overcome by pharmacies networking and sharing expertise in different areas. For this to happen, Mr Patel said that pharmacists would have to see each other as colleagues, rather than as competitors.

**Pharmacists should bear in mind six key areas when developing or assessing the appropriateness of pharmaceutical services. RPSGB Council member Hemant Patel has devised a list of 'Six Cs' which should be applied when considering a service**

- **Competence** – the public wants to see the best
- **Confidence** – the pharmacists needs to win the confidence of the customer
- **Congruence** – the pharmacist has to become part of an extended primary healthcare team
- **Cost-effectiveness** – providing services within a structured service
- **Communications** – between team members and with the patient
- **Convergence** – technology and attitudes towards the patient-orientated service

## The Cochrane Collaboration

With evidence-based medicine becoming a standard, the role of the Cochrane Collaboration will expand as it aims to provide a comprehensive database of all randomised clinical trials across the world.

Set up in the early 1990s, the collaboration is an independent, non-profit organisation that seeks to review medical studies and trials in all languages to provide an updated body of references and reviews to support evidence-based medicine.

Phil Wiffin, regional pharmaceutical adviser for NHS Executive Anglia & Oxford Region, gave an overview of the Cochrane Collaboration to the BPC delegates. Giving a simple example, he asked why an adult might be given an analgesic for a sprained ankle, but an eight-year-old may not. "Where is the evidence for this decision?" he asked. Cochrane seeks to be able to provide this evidence by systematically reviewing published work and aims ultimately to provide a review of all medical therapy areas.

Information that Cochrane can supply is collated by review

groups with a focus on treatment of diseases or health problems. At present, this includes topics such as acute respiratory infection, chronic wounds, neonatal health, stroke and subfertility. A review is peer-assessed and is presented in a standard format to simplify comprehension.

However, by being electronic-based, the system allows unlimited space, so the user of the review can then look at the papers on which the review was prepared, as well as having access to other areas of the Cochrane system.

At present, this includes over 130,000 randomised clinical trials, as well as bibliography and abstracts of reviews. As such, Mr Wiffin suggested the scale of this project is comparable to the mapping of the human genome.

Available on CD-ROM, updated quarterly, and more recently put on the Internet, Mr Wiffin wants to see the Cochrane system in drug information centres as well as medical libraries, where it is more established. Soon it could be patients will be accessing the system when it goes on-line in public libraries, so they may be

more aware of their treatment than the health professional treating them, he suggested.

As a pharmacist, he is concerned that there is a lack of pharmacy input and a lack of information relating to pharmacy practice research in Cochrane.

He sees Cochrane as a source of know-how and reliable information, although professional judgment must be used to critically appraise any evidence. However, because the system is transparent, he believes that it is possible to see where difficulties lie in research papers.



**Philip Wiffin, regional pharmaceutical adviser for NHSE Anglia & Oxford Region**



**Dr David Temple and Sheila Phillips promote the audio/visual advisory services of the Welsh Centre for Pharmacy Postgraduate Education**



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# Take a look at the evidence

## Wednesday morning's session examined how pharmacists could be involved in evidence-based medicine

**C**laire Mackie, chairman of the UKCPA's primary care practice group, explained how she was implementing evidence-based practice in medication review clinics run from pharmacies in Glasgow.

As part of a PhD project, she is studying nearly 2,000 patients receiving four or more medicines, checking their drug history and compliance, and trying to optimise treatment. Early results from 1,000 patients showed that 84 per cent had been referred back to the doctor, some for minor reasons, such as record updates, but 26 per cent because they were taking unnecessary treatment which was stopped with the GP's agreement.

Ms Mackie has also helped a local practice which was heading for a £28,000 overspend on its drugs budget, despite having introduced a formulary and 65 per cent generic prescribing. Cardiovascular drugs in particular had shown a marked increase in cost. An audit of ACE inhibitors and statins showed that many were being used inappropriately, so she devised treatment protocols for hyperlipidaemia and hypertension.

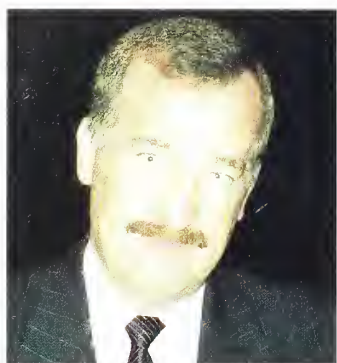
Ms Mackie believed that the pursuit of clinical effectiveness was best achieved through the delivery of pharmaceutical care. But this depended on access to patient data, information on evidence-based healthcare (as drug therapy might not always be the best option) and access to information on local population health needs so the most vulnerable groups could be targeted and screened. This could only be achieved by multidisciplinary teamwork, with a commitment from the patient as well as the pharmacist.

"Pharmaceutical care is all about relationships and responsibilities, continuity of care and outcomes," she said. "Can we achieve this without patient registration?"

She regarded pharmacist prescribing as a way to apply evidence-based medicine in primary care, and went on to describe three possible models. The first, in which the pharmacist acted as an independent prescriber, corresponded to current practice with OTC medicines. The main flaw was that it



The NHSE's John Thompson



Clive Jackson, director, NPC

depended on patients' ability to pay, so there was a case for pharmacists prescribing on the NHS from a limited formulary.

In model two, the pharmacist had a dependent prescriber role and chose the most suitable drug after the GP's diagnosis. The GP retained overall clinical responsibility, but pharmacists would be entirely responsible for their own actions.

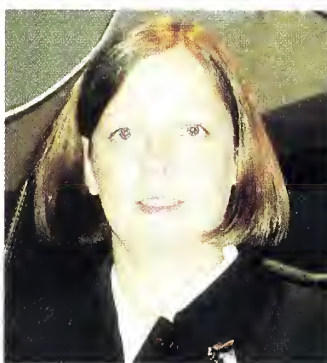
In model three, the pharmacist did not select the drug but could modify dosage and directions after the GP's decision.

### National actions

Earlier, John Thompson, head of the NHS Executive's pharmacy and prescribing branch, explained how the Department of Health is trying to promote the effective and cost-effective use of medicines. By supplying impartial information, the DoH tried to counterbalance the "glossy brochures of the pharmaceutical companies", but ran the risk of information overload.

Appointing medical and pharmaceutical advisers to health authorities had been an important advance, yet they accounted for the equivalent of fewer than 200 full-time employees, compared with the industry's 8,000 representatives. The DoH spent about \$4 million a year advising GPs, including the National Prescribing Centre and pilots.

The Crown Review on prescribing should report next spring and



Claire Mackie from the UKCPA



Professor Alain Li Wan Po

had received over 750 contributions, which he described as a "fearsome undertaking".

During the discussion, he said the DoH was making "relatively good progress" in facilitating electronic prescribing. There were still important ethical, clinical and financial issues to resolve and there would be a meeting with the professions in the near future.

When asked if budgets could be based on value for money in the long-term, rather than aiming for short-term savings, he thought 'short-termism' would inevitably beset any system.

Professor Alain Li Wan Po, director, Centre for Evidence-based Pharmacotherapy, University of Nottingham, said there was increasing acceptance that medical treatments should be limited to those of proven value.

He thought that all clinical trial results should be published. "There is a tendency for researchers to publish only positive results, limiting the data available to those trying to develop evidence-based medicine," he said.

Some clinical trials did not give a true picture of outcomes, eg the main purpose of prescribing anti-hypertensives was not to lower blood pressure but to reduce the morbidity and mortality associated with hypertension. But drug testing was usually based on intermediate parameters, which were easy to measure, rather than on final outcomes.

Professor Li Wan Po said there was a move to "real world" clinical trials, which aimed to recruit patients more truly representative of those seen in practice. There was also a move to ensure that new drugs were more effective than those already on the market, whereas in the past manufacturers had to prove only that a medicine was more effective than a placebo.

He said there was tremendous pressure from the public for pharmaceutical companies to be more open with their clinical trial information, and to publish negative findings as well. Consumers claimed it was unethical not to make this data available for value judgments, whereas manufacturers argued that they would lose their intellectual rights.

"My bet is consumers will win," he said, as ethics committees would eventually come under intolerable pressure not to allow trials in which companies refused to make the results public. Many leading medical journals have announced an amnesty to enable researchers to publish previously unpublished trials.

Clive Jackson, director of the National Prescribing Centre, explained how it aimed to promote high-quality, cost-effective prescribing through a co-ordinated programme of bulletins, training and educational events aimed mainly at HAs, their prescribing advisers and GPs. The NHS also had to ensure that pharmacists who were giving formal prescribing advice to GPs had access to all the relevant information and support.

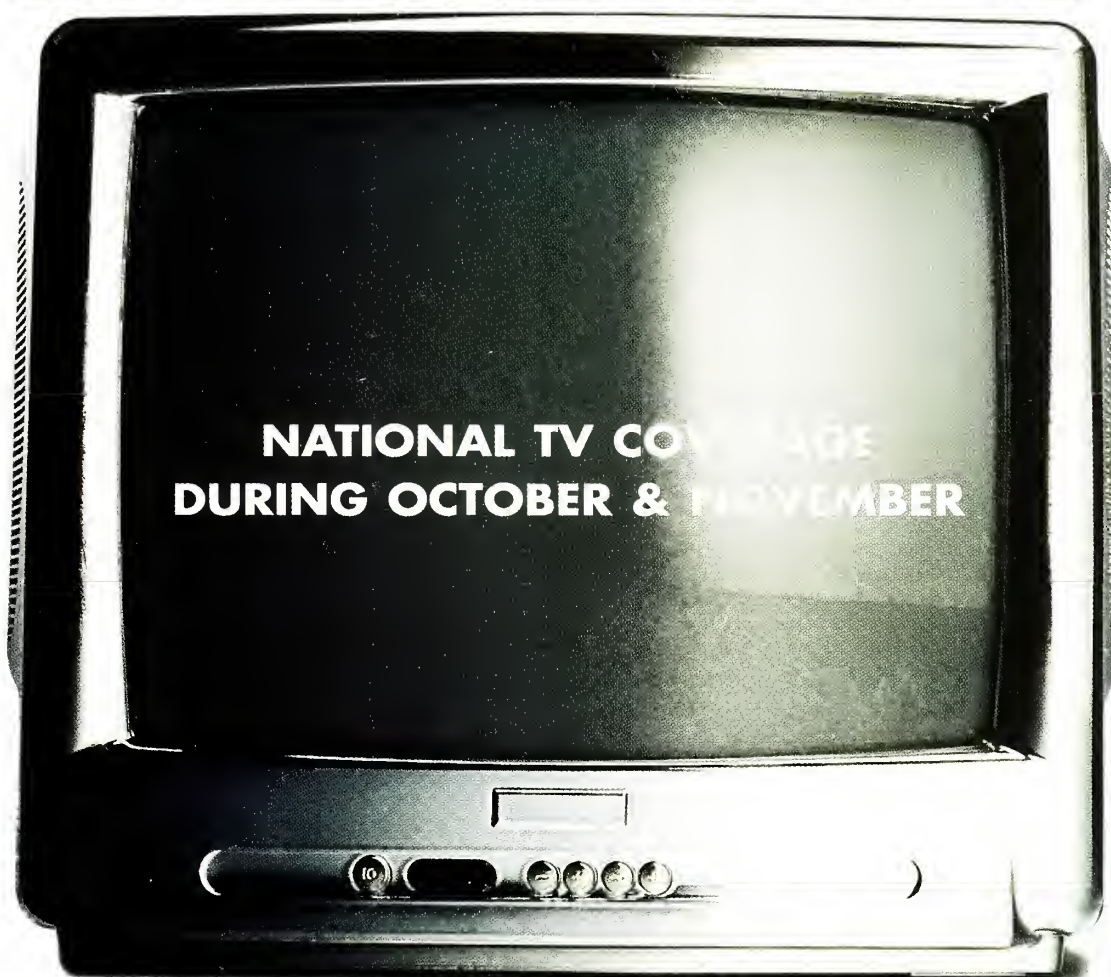
He thought that medicines – more than many other types of intervention – had the monitoring, advisory and information infrastructures necessary to promote the NHS commitment to evidence-based healthcare.



Professor Robert Hider, head of School of Life, Basic Medical and Health Sciences at King's College, London, receives the chain of office as next year's BPC Science Chairman from Prof Nicholls



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# Pet medicines offer pharmacy niche prospects

Pharmacists should consider selling animal medicines if they want to offer a niche service, says Unichem's sales and marketing director, Martyn Ward.

Speaking in the Academic Pharmacy/Agricultural and Veterinary Pharmacists Group joint meeting at the conference, Mr Ward said that independent pharmacists should be concentrating on retailing healthcare and healthcare advice. They should focus on an area of expertise and tackle the competition on a different front. Veterinary medicines, and particularly 'pet' medicines, offered such a niche.

Not only can niche marketing improve profitability, it also creates another layer of customer loyalty, he said. Volume leaders may concentrate on quality, cost and service leadership, but the niche specialist can also satisfy a small target market very well and command a price premium, while adding value.

Outlining the ideal niche, Mr Ward said that it should be of sufficient size and purchasing power to be profitable. It should have growth potential, should be of negligible interest to the competitors (although if they detect a successful niche, they will try and enter it), have relevance, be part of a business with skills and resources, and be part of a business that can defend against the attacks of major competitors. Pet care fitted in perfectly, he said.

Over 60 per cent of customers have pets, and with 14 million cats and dogs in Britain – and with pet medicines accounting for \$100 million – the market is huge. Pets are also seen to be an extension of the family, so the pharmacist can build a strong bond by knowing the owner and taking an interest in their pets.

Significantly, sales of pet medicines have fallen from about 80 per cent from pharmacies in the

1950s to about 10 per cent today. Thus, coupled with increasing animal ownership and increasing interest from owners in caring for their pets, means that there is certainly growth potential.

However, as the public have a low perception of pharmacies supplying animal medicines, pharmacists need to get the consumer to use the pharmacy as the first choice before the vet or pet shop. The key element here is the staff inside the pharmacy.

In terms of products, Mr Ward believes that about 25 items, which would take up about one metre of shelf space, offer a profit margin of 25 to 30 per cent POR. This equates to \$30 per week, with sales of about \$300 per month, and compares favourably with other product areas.

In terms of merchandising support, Mr Ward suggested that it was important to make the point that pet medicines are available from the local pharmacy, saving



Unichem's Martyn Ward

the customer a trip to the vet and paying veterinary prices. However, pharmacists could also build relations with veterinary surgeons by carrying veterinary practice leaflets, as well as information about animal health insurance plans.

# Higher profile needed for veterinary pharmacy

Are we really the experts in drugs, but only if applied to human animals? This was the question posed by Dr Michael Jepson, course tutor and organiser of the Royal Pharmaceutical Society's agriculture and veterinary pharmacy diploma course.

It is important for practising pharmacists to recognise their special opportunities, not only in relation to human medicines but also to animal medicines, he says.

"There can be few community pharmacies in urban areas of the UK which have no potential for acting as a channel for information and suitable products for the control of endo and ecto parasites, that is in the realm of disease prevention," he said.

With the animal medicines market growing, it is increasingly being linked to human medicines, as health issues are raised in association with food standards, he said. In the UK, there are over 25 million companion animals

and almost 50m livestock animals. The UK climate means it has the largest anti-parasitic share of total therapeutic sales in the five major European markets at 47 per cent, valued at Ecu520 million. Companion animal products account for almost a quarter of European health and nutrition sales at 24 per cent of the whole market, valued at Ecu3.3 billion.

Dr Jepson hopes pharmacists will sample at least one module from the revised Diploma in Agricultural and Veterinary Pharmacy. It is possible to obtain certificates of attendance in each of the modules should a pharmacist not wish to complete the whole diploma. Dr Jepson also expects that the module relating to companion animals may attract the most interest, and pointed out that the distance learning course being offered by the Queen's University of Belfast may in future count towards the full diploma.

Andrew Cairns, vice chairman

of the Society's Agricultural and Veterinary Pharmacists Group, said it is important to improve animal medicines manufacturers' perception of pharmacies. The profession has to raise awareness, including liaising with vets, and emphasising the accredited courses on offer.

He also called for more Prescription Only to Pharmacy medicine changes in animal medicines, or even for manufacturers to develop Pharmacy animal medicine lines which could not be sold by merchants.

Professor Paul Nicholls felt that schools of pharmacy could do more in the undergraduate course to promote veterinary pharmacy. Of 15 schools which had responded to his enquiries, only four covered more than simple forensics relating to animal medicines. He praised John Moores, Liverpool, which has a 120-hour module. Bradford intends to introduce a module



Dr Michael Jepson

next year, and Aston and Cardiff also offer short modules.

"Disappointingly, the introduction of the four-year degree appears not to have stimulated the development of innovative approaches to agricultural and veterinary subjects," he said.



# In clinical pharmacy's footsteps

Many aspects of clinical pharmacy in hospitals could be integrated into community pharmacy, believes Chris Acomb, Bradford Hospitals NHS Trust.

Leading a discussion group on Wednesday afternoon, he described four tools that hospital pharmacists had used to establish themselves as experts in medicines. They could, he suggested, be adapted by community pharmacists.

The first was the prescription chart, devised in the 1970s, with which doctors, pharmacists and nurses monitored treatment. In the community, this might be translated into a collaborative care plan.

Drug information put hospital pharmacists on the map in 1970s and '80s. While drug information was now available "at the touch of a button", community pharmacists could still develop some type of unique service of benefit to doctors and nurses.

The third practice – ward rounds – had become an important way to build up working relationships with consultants. Pharmacists had become accepted as members of a team deciding on treatment before prescriptions were written, which was better than the "nega-

tive interventions" when community pharmacists queried prescriptions already issued to patients.

Interprofessional referral, in which consultants delegated some functions to pharmacists, was commonplace in some hospitals. In pre-admission clinics, pharmacists screened patients on multiple drug treatment and advised anaesthetists.

Mr Acomb believed community pharmacists had good knowledge but lacked confidence. If they were enthusiastic, willing to learn, doctors would appreciate their input. Face to face contact was essential and pharmacists need to do some preparation before approaching GPs to talk about prescribing.

Delegates pointed out that a major difference between hospital and community pharmacists was that the latter were on their own, in a business. Day to day practice was becoming more demanding and they needed incentives to take the clinical route.

Mr Acomb pointed out that hospital pharmacists used to wash bottles, which showed that change was possible. When asked what had been the driving force for change, he replied that recruitment had been a major

factor. Because hospitals could not offer high salaries they had to make the jobs more interesting.

Gillian Hawksworth, a member of the Royal Pharmaceutical Society's Council, who chaired the discussion, thought she was already practising clinical pharmacy in her own business.

She delegated dispensing to other staff, using a dispensing protocol, while she discussed prescription and OTC medicines with patients. But she had stopped offering services such as domiciliary visits because she could no longer afford it.

Others emphasised the need for remuneration structures that took into account total professional responsibility and did not penalise pharmacists for reducing unnecessary medication.

One speaker thought that care homes offered a suitable setting for pharmacists to implement Mr Acomb's suggestions, but another said he would lose money if he had to employ a locum while he was out doing medication reviews.

Mr Acomb said hospitals were increasingly concerned about negligence claims. Pharmacists might find funding by producing evidence that their intervention reduced clinical risk.

## Patient registration

Although patient registration may be considered as an ethical requirement for pharmacies, it does not necessarily mean that a patient will get better pharmaceutical care. This was one view put forward in a group discussion session, 'Patient registration – an ethical responsibility?', which was led by Boots the Chemists' assistant pharmacy superintendent, Joy Wingfield.

In the first instance, it may not have to be made an ethical requirement. For example, patient medication records are kept by 97 per cent of pharmacies without it being an ethical requirement.

Similarly, somewhere between 60 and 80 per cent of patients return to the same pharmacy, especially for repeat prescriptions. Many pharmacists create PMRs for patients whether they have actually consented or not, so, in effect, there is *de facto* registration, said Ms Wingfield, but it may well be with more than one pharmacy.

Ms Wingfield is concerned that registering a patient may deny that patient, who is also a customer, their autonomy. For example, in the Netherlands, patients are registered with a particular pharmacy on a geographical basis, rather than their care needs.

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## The changes coming in pharmaceutical care will bring losers



RPSGB president Peter Curphey

Closures or mergers of premises, new mechanisms of remuneration and a review of pharmacists' competence offer real threats to some, but huge opportunities for the majority.

Peter Curphey, president of the Royal Pharmaceutical Society, told delegates: "The lesson to learn is that change will almost certainly bring losers. It is equally clear to me that no change will ensure that the whole profession will be the loser. In the end, it is not a matter of hard choices, we have no choice."

Mr Curphey added that it would be unrealistic to deny the commercial tensions between independents, multiples and supermarkets. It seems likely, too, that only independents would be under threat of closure in any merger mechanism.

However, Mr Curphey believed that some of the greatest opportunities lie with the flexibility of independents. "It is more likely that several independent contractors could strike professional alliances and I urge you to start thinking that through."

All players must play their part in shaping pharmaceutical care. "The profession has taken the lead because it is the future for 40,000 pharmacists which is at stake. Government has signalled considerable support, contractors are poised to get on board, patients cannot wait."

# Pharmacy and Government share common health ideals

The profession and the new Government are seeing a convergence of ideals in favour of pharmaceutical care, Jeff Harris, chief executive of Unichem, told delegates at the company's convention in Malta this week.

"I sense that there is a convergence of thinking between the Government and the profession, buoyed by the new political climate ... Tackling the issues in a consensual way will send the right signals to our paymasters in Whitehall."

While Conservative policies were driven by market forces, the Labour administration puts its faith in ideological politics. "In recent years, we have certainly seen the results of strong ideology – the Thatcher years showed us that. Now we see the beginnings of a different ideology. This is an important shift for pharmacy," said Mr Harris.

The introduction of the minister for public health illustrates this new thinking. "Linking social factors to health recognises the principle that investing in one specific area can bring benefit in another. Such ideological linkages create a mechanism to justify spending."

Although healthcare funding is unlikely to change, the Government appears to be more willing to re-allocate funds, by investing



Unichem chief exec Jeff Harris

in pharmaceutical care in the primary sector. "But to deliver this new type of service will require a careful examination of the working practices used in pharmacy," warned Mr Harris.

Current political interest in pharmacy services offers pharmacy a chance to demand a greater role in the healthcare system. One consequence may be the segmentation of pharmacy so that different pharmacies specialise in different services – for example, 'dispensing only' sites or advice for specific disease states. This differentiation of pharmacy may mean that not all services will be available from all pharmacies.

Another approach will be for greater emphasis on patient

interaction. Pharmacists can then use their particular skills and knowledge to influence and direct therapy. Patients, however, have to be conditioned to receive pharmaceutical care.

Networking technologies also need to be introduced into the framework of pharmaceutical care.

Although multiples have had a competitive advantage in retail pharmacy, in the field of patient consultation and counselling the reverse is true. Continuity and loyalty are strongest in the independent sector, which multiples recognise. "To compensate they use systems to build levels of service. And a further paradox lies here, because the more systematic one becomes the less personal, too. It is a balance that multiples have to struggle with," said Mr Harris.

The trend in falling margins and the loss of profitable OTC trade to the supermarkets is irreversible so pharmacists must look forward to future opportunities.

Mr Harris concluded by confirming his commitment to his customers. "As we experiment with new ideas, learn and adopt the successful pharmacy practices, we are committed to sharing this knowledge with you. Our business depends upon a thriving independent sector."

## Electronic prescribing problems

The electronic prescribing systems being put forward today offer patients no tangible additional benefits to the existing systems, Simon Driver, deputy managing director at JRC, told delegates.

"These systems do not achieve the objectives set out by the PIANA report, specifically to offer patients all aspects of medicine management and to ensure development of EDI within the healthcare sector."

Problems that could arise from an electronic system include patient confusion and a restriction in the choice of pharmacies they can visit. Repeat prescribing without regular consultation leads to wastage and potentially dangerous practices, he said.

For pharmacy there will be dispensing costs and legal implications to consider. Support is another issue. "Who is responsi-

ble for recovering lost scripts when the system is restored? What about scripts which simply go missing and yet you have the patient in the pharmacy waiting for their medicines? Will you supply, will you tell the patient to come back when you have sorted it out?" asked Mr Driver.

The audit of information to enhance the health of the nation may also be affected, with whole area fragmentation and a possible introduction of further competitive systems.

Mr Driver praised the Royal Pharmaceutical Society's PIANA initiative, but questioned the delay in appointing a permanent IT management policy unit as originally set out. He supported the need for external funding for IT development and proposed the formation of a lobby group to take the agenda directly to the Department of Health. "The Gov-



JRC's Simon Driver

ernment's financial contributions to your IT costs are derogatory in comparison to the funding GPs receive," said Mr Driver.

Wholesalers were blamed for allowing pharmacists to believe that computing is a cheap commodity by offsetting true costs with discounting.



# Who counts as a typical non-compliant?

There is no such thing as a typical non-compliant patient, because most people are non-compliant some of the time.

Dr Rob Horne, health psychologist and senior pharmacy lecturer at Brighton University, went on to say that non-compliance is not a simple case of lack of knowledge. "This notion is beguiling and suggests that non-compliance can be avoided simply by giving the patient more information," explained Dr Horne.

Instead, the problem is determined by ability and motivation. The unintentional non-compliant, therefore, is hindered by barriers such as forgetfulness, poor understanding and physical disability. The deliberate non-compliant, on the other hand, decides not to take medicines as instructed.

Pharmacists must make the effort to address these issues. Providing clear explanations and ensuring the regimen is convenient will help the unintentional non-compliant, while the deliberate non-compliant needs to be convinced that the medication is necessary for their health and that the benefits outweigh the risks.

"Pharmacists could help them to arrive at informed decisions

by eliciting their views about treatment and alleviating any misplaced concerns," said Dr Horne.

Dr Alison Blenkinsopp, director of education and research in medicines management at Keele University, continued the academic session by shifting the emphasis from compliance to concordance, where the decision about the medicine is made jointly by the patient and the health professional.

"We need to understand the patient's ideas and their agenda before intervention can really mean something," she said.

As well as initial counselling, monitoring of medication concordance in the early months after diagnosis or after the intro-

duction of a new treatment is also crucial.

Written information can increase patient's satisfaction and knowledge, but unless it is user-friendly it may not necessarily increase compliance.

Nick Barber, professor of pharmacy practice at the School of Pharmacy, concluded by highlighting the financial benefits to the NHS of pharmacy intervention in patient's adherence to treatment. "The NHS is only one source of money for this type of service – the pharmaceutical industry, fundholding GPs and even patients themselves may be interested in paying for a service in certain cases."



L-r: Dr Rob Horne, Professor Nick Barber, and Dr Alison Blenkinsopp

## H2 antagonists: a missed opportunity

Over the counter H2 antagonists have been a missed opportunity for pharmacy retailers in the UK, said Mike Hayday, customer marketing manager at Warner-Lambert. Three years after they were first launched, H2 antagonists hold only a 9 per cent share of the indigestion remedy market, which is well below expectations and in contrast to the success of the category in the US.

Mr Hayday blames several factors for this: pharmacists' lack of enthusiasm for H2 antagonists, patients being put off by the type of questioning when they have

requested them and, until recently, the absence of the prevention indication.

Pharmacy should therefore seize on the Pharmacy restriction of the category. "Each recommendation for a GSL antacid assists in driving away from pharmacy. For each large-size GSL antacid purchased in pharmacy, ten are purchased in a superstore. This pharmacy share loss equates to over £3 million in lost sales," explained Mr Hayday. "We need to work together to enhance consumer confidence," he said.



Warner-Lambert's Mike Hayday

## Understand your customer, says Moss Chemists' managing director, Barry Andrews

Understanding your customer type and tailoring your service to them can help you strengthen OTC medicines sales, said Barry Andrews, managing director of Moss Chemists.

New Moss research has identified four types of customers: 'OAP socialite', 'young mum with family', 'confident repertoire builder' and the 'experienced self-assured'.

The first two are prize-seekers, users and receivers of pharmacy advice, and account for 60 per cent of pharmacy customers. The second two see staff intervention, particularly early on, negatively.

"This issue clearly needs more research, as we need to understand the process better, but my view is that [the problem] may be the timing of the advice,

which is given too early in the decision-making process, rather than the advice itself," he said.

Moss is undertaking 'fixture tests' to improve the impact of the medicine counter, as well as reviewing signposting, price displays and counter depth. Results will be incorporated into planograms to be made available through Unichem's Moss Advisory Service.

## CPI is growing to become a 'potent retail force'



Martyn Ward

The Community Pharmacy Initiative, started in October last year, is expected to be in place in 1,000 pharmacies by the end of next year.

Unichem's wholesale division sales and marketing director, Martyn Ward, saw this as a sizeable group of highly-disciplined top-end professional pharmacists which will become a growing consumer franchise and real potent retail force.

"We intend to add more services and yet more added value. And we are going to start to become more involved with our supply chain partners in the development of the scheme."

Two core initiatives will be launched in January. The first, 'Focus on Business', will ensure suppliers have access to customers who want to promote their products. Sponsorship opportunities will also be available. 'Focus on Health' will continue to develop and provide advice and information to consumers.

The reward system for compliance is being expanded and a loyalty mechanism is being developed "to ensure that once a member, the independent pharmacist will always want to stay a member".

A recent audit of a sample of stores has shown an 80 per cent compliance level among members.



Moss Chemists' Barry Andrews





Cuprofen Maximum Strength is the UK's best selling OTC 400mg ibuprofen brand.

In fact it sells more than twice the volume\* of its nearest 400mg rival.

- 400mg pink, easy-to-take, film-coated tablets in a convenient single dose.
- Cuprofen offers your customers premium brand quality and performance - at a price they like, at a profit you want.

\* Independent Pharmacy Audit



**FOR IBUPROFEN,  
CHOOSE CUPROFEN**



Seton  
Healthcare Group plc  
Always read the label.

Cuprofen Maximum Strength Abbreviated Product Information. Presentation: Pink, film coated tablets containing ibuprofen BP 400mg. Indications: For the relief of rheumatic and muscular pain, backache, lumbago, fibrositis, neuralgia, headache, dental pain, migraine, period pain and symptoms of cold, flu and feverishness. Precautions: Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients, in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac, or hepatic impairment caution is required since other use of NSAIDs may result in deterioration of renal function. The dose should be kept as low as possible and renal function should be monitored. Legal Category: P. Product Licence Holder: Cupal Ltd, Oldham. Cuprofen is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

## Alternatives to generics

I was interested to see **Xrayser's** comments (September 6) on 'branded generics'.

Norton Healthcare has withdrawn Salamol MDI as a brand, but I doubt whether it will "signal the demise of branded generics". I would like to comment on our position on the subject of 'branded generics' and 'alternative brands'.

Through its Baker Norton division, Norton Healthcare has, since 1992, provided a range of alternative brands - products which provide a less expensive version of an original product where no generic exists. This differs from the 'branded generic' concept. For example, the 'alternative brand' Cromogen MDI was launched as a lower-priced version of Intal.

At the time of launch, a generic would not have been possible as generic prescribing was so limited. At the time of writing, there is still no generic product available. Cromogen sales have been a major benefit to the NHS and have led to huge savings.

Beclazone is another example of an 'alternative brand' which has saved the NHS literally millions of pounds. Again, a generic launch would not have been possible due to the high level of branding which had been achieved by Allen & Hanbury's for its product.

These lower-priced 'alternative brands' also provide continuity for patients, particularly important in emotive areas such as asthma therapy.

**Nick Foster**

Sales and marketing director,  
Norton Healthcare

## Misleading information on paracetamol antidote

The article in *C&D* September 13, regarding paracetamol and methionine, is misleading in several respects.

There are two paracetamol/-methionine combination products: Pameton and Paradote. Paradote, containing 500mg paracetamol and 100mg dl-methionine, is prescribable on the NHS (its British Approved Name is co-methiamol). Pameton (500mg paracetamol and 250mg methionine) has been withdrawn by the manufacturer.

The dosage ratio of paracetamol/methionine in Paradote is designed to be

sufficient to metabolise the toxic metabolite without contributing to the methionine pool. Furthermore, there is no evidence that the side-effects of methionine listed in the article occur in patients taking Paradote; indeed, the published data relates exclusively to high doses of methionine given in the absence of paracetamol.

Lastly, it is incorrect to state that the effectiveness of methionine relies on animal data. Methionine is well documented as an antidote to paracetamol poisoning and is a standard treatment in accident and emergency departments.

**Roger S Jones**

Managing director, Penn  
Pharmaceuticals

## Suspended explanation

I should like to reply on behalf of Alcon Laboratories to **Xrayser's** comments (*C&D* September 13), concerning our recently-launched product, Betoptic Suspension.

We are pleased that its launch is seen as excellent news for improving patient care, but would like to explain why we have not immediately withdrawn Betoptic Solution, as he (or she?) would have preferred us to have done.

Most glaucoma patients only see their ophthalmologists every six months at best, so it was thought that Betoptic Solution should be available for these patients until such time as they can be reviewed. A clinical decision, with an explanation to the patient, can then be made by the ophthalmologist to switch to Betoptic Suspension.

**Xrayser** was also concerned about the problem of pharmacists being left with out of date stock. We anticipate that the change from Betoptic Solution to Suspension will occur over the next 12 months, and that pharmacists will have ample time to run down stocks of Betoptic Solution.

**Barbara Long**

Technical affairs manager,  
Alcon Laboratories

## Outdoor Girl gone missing

I have just read last week's **Xrayser** about Procter & Gamble. Could the company please tell me what is going on with Outdoor Girl? No rep, no replies to letters, no stock at wholesalers.

Perhaps you would let **Xrayser** know he not alone!

**A L Egmore**  
Overton



# Chemex continues with its evolution

Chemex '97, held at Olympia, West London, for the second year in a row, was judged a great success by exhibitors, visitors and organisers. Over 2,700 guests attended the show, where 120 companies exhibited a wide range of medicines, toiletries and other pharmacy-related products and services. International interest has continued to grow, with around 10 per cent of the audience coming from overseas. The Model Shop, a joint venture between manufacturers, wholesalers, shopfitters and retail advisers, gave pharmacists practical examples of category management and merchandising. It enjoyed a steady flow of customers throughout the two days. The discount voucher book, launched at last year's exhibition again proved very popular. An educational element was provided by 19 free, walk-in seminars on topics ranging from continuing education and IT to aromatherapy and nutrition. A measure of the show's success is that one-third of the exhibitors rebooked on-site for Chemex '98, which will be held at Olympia 2 on September 20 and 21 next year.

## Absorbing newcomer

A1 Pharmaceuticals launched a slimming aid, called Liposorb, a capsule that comprises 250mg of chitosan, a marine fibre extracted from selected crustaceans, and 20mg of vitamin C. A1 says each capsule is capable of absorbing 12 times its weight in fat, which is bound to the indigestible fibre and then passed harmlessly through the body.

The product is available in packs of 120 capsules. Adults are advised that they should take three to four with each meal containing dietary fat.

A1 stand visitors, meanwhile, were entered in a raffle to win a free bottle of champagne.

The short-line wholesaler also offered pharmacists 25 per cent of bonus stock when they spent more than \$20 on its own-label lines.

**A1 Pharmaceuticals Ltd.**  
Tel: 0171 738 7373.

## On the edge

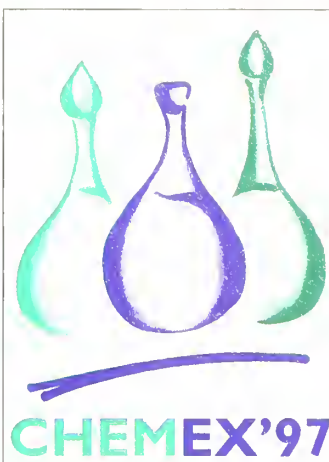
A new nail care system created interest on Alida Beauty Products stand. The Edge is a consumer range with professional products. It includes Stickons Nail Kit, The Professional Nail Kit, Three Phase Nail Oil, Super Kit, Shape and Shine Block, and Nail Shaper.

The Three Phase Nail Oil (rsp \$4.95) comes in a special merchandising unit.

**Strategic Partners (UK) Ltd.**  
Tel: 01622 662596.



Above: Dorothy Hounan and Stephen Lutener of the Royal Pharmaceutical Society were on hand to help novice Internet users access the Society's website



## Constant flow of customers through the Model Shop

Pharmacists and their staff flocked to the Model Shop, a new feature of Chemex, making it one of the busiest stands on Sunday.

A joint venture between Smithkline Beecham, Procter & Gamble, Crescent Shopfitters, Unichem and Moss Advisory Services, the aim was to demonstrate the effectiveness of category management and merchandising.

Although a number of pharmacists said they would not have the space to implement the layout and planograms of the Model Shop, Peter Skinner, marketing controller at Unichem, explained how elements of the display could be incorporated into most community pharmacies.

David Leggett of Moss Advisory Services said the directional point of sale material for GSL medicines fixed to shelves had proved particularly popular with visitors.

Behind the counter in the dispensary area, the diagnostic testing service recently launched by Unichem was displayed. Many visitors commented on the small amount of space required for the equipment.

As a practical demonstration of co-operation between companies and a practical example of how pharmacies can look, the Model Shop was just that – a model pharmacy.

Left: Euromark is tackling the problem of compliance in children with asthma by launching its Puffa Pals range of inhaler covers, with characters ranging from the Simpsons to Spiderman and Daffy Duck. Originating in Australia, the covers are expected to become a familiar feature of asthma management in children. Euromark's Alistair Smith and Lisa Boote show off some of the characters on offer.

**Euromark plc.**  
Tel: 01865 3935000.



## Wrigley's Airwaves

Visitors to Chemex were taking a healthy interest in Wrigley's unique new addition to the medicated confectionery market.

Airwaves, due to be launched on October 1, is a vapour release, sugar-free chewing gum. Formulated with both menthol and eucalyptus, the gum is being positioned as an alternative to medicated sweets and lozenges. The manufacturer claims that its new product 'helps clear your nose fast'.

The new gum was developed by Wrigley UK and successfully test marketed in Southern Ireland. Available in packs of ten pieces, retailing at \$0.30, the brand is expected to bring new users into the market.

Television advertising, due to begin in November, will focus on the waves of vapour released by chewing.

**Wrigley Co Ltd.**  
**Tel: 01752 701107.**



Generic specialist Bartholomew Rhodes plans to launch three brands by the end of the year, and six next year. It is registering 43 products. Adding some colour at Chemex were (l-r) Maz Davis, Jane Hughes and Kate Webster

## Gelatin-free vitamins



A new range of gelatin-free vitamin and herbal products was launched by Vega Nutritionals.

Developed to help the body maintain its own healthy balance, the range comprises 70 products which do not contain gelatin, gluten, yeast, sugar or any artificial additives.

Included are multivitamins and antioxidants, vitamin B-complex, vitamin C, vitamin E, minerals, essential fatty acids, special care formulas and herbal products. Ninety per cent of the range is registered with the Vegetarian Society.

Presented in ethical-looking glass packaging with purple labels, the range is backed by in-store support material and an advertising campaign.

A special new account offer proved popular at the exhibition. Pharmacists who ordered three of each of 30 products from the range were given three of each of the special care formulas. The company is extending the offer until January, 1998.

Pictured are the company's Minell Zala and Clare Furtauer.

**Vega Nutritionals Ltd.**  
**Tel: 01932 267337.**



Ray Wilkins, ex-England football international, was invited along to the Medisport stand on Sunday, where he signed autographs and chatted to his many fans. Ray is pictured here with Romaine Del Guidici (left) and Anna Ramsey of Medisport

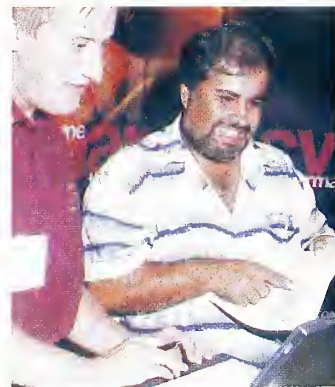
## Essential training



Aromatherapy expert Eve Taylor made her debut at Chemex, where she introduced a range of blended aromatherapy products designed to benefit varied facial and body conditions.

A popular speaker in the exhibition's seminar theatre, she stressed that training and knowledge is essential to enable pharmacies to successfully sell essential oil products. Her company is able to provide pharmacy staff with free training in essential oil products and applications.

**Eve Taylor (London) Ltd.**  
**Tel: 01733 321101.**



Kevin McDonald from Norton Healthcare tells Pareshe Kotecha how he can win Sir John Harvey-Jones' new book and video



The Prescription Pricing Authority was out in full force at the exhibition to answer pharmacists' queries about the Drug Tariff and late payments blacklisting, as well as offering visitors an opportunity to get to grips with PACT data using the new technology due to be phased in over the next few years. Pictured here giving some advice to Sushma Patel of Capital Health (far left) are: (l-r) Martin Jenkins, Irene Mason, Lynne White and Catherine Sharp



Mike Lieberman, managing director of Image Fibre Optics (Europe), is able to point pharmacists in the right direction when it comes to illuminated signs





TV personality and former news presenter Jan Leeming was at the Clarell International stand to talk to visitors about Regina Health's new natural product, Equillence, which she herself uses to cope with the menopause. She is pictured here with Malik-Noor of Regina Health

## ABC shakes on it

An US formula feeding system generated interest among pharmacists visiting the ABC Nursery Distribution stand.

Ideal for travelling, the 'Shake it up' system has been developed to provide a safe and convenient way to bottlefeed a baby.

It is designed so that powdered formula and water can be stored separately in the same bottle until a feed is required.

When ready, the parent twists the locking seal, slides the top chamber upright to release the powder into the lower chamber and shakes to mix. There is no need to refrigerate prior to this.

The system provides an 8oz (237ml) feed, has a medium flow teat and can take any standard neck teat. It is available in single packs in mint, white or purple (rsp £4.99).

**ABC Nursery Distribution Ltd.**  
Tel: 0181 200 0012.



Chemex was more fun for some visitors than others. The crèche facilities provided by 'Kids at Heart' were busy from early Sunday morning



The pre-registration scheme at this year's Chemex facilitated a speedy entry for visitors



(L-r) Heather Maxwell, Lindsay Pinwill, Kate Strudd and Sally Love of Becton-Dickinson were busy as bees all day



Chemex '97 was the UK pharmacy launch pad for Glide Floss from W L Gore & Associates. Emily Stanley and Kim Proven (right) were on hand to explain the advantages of Glide Floss over conventional floss



Samples of Phyto Pharmaceuticals plant juices went down a treat with exhibition visitors. On hand to offer advice and information along with the juices were (l to r) Melissa Sankey, Glyn Garner and Dawn Parkin

### REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM)

Forename .....  
(all other initials as registered with the RPSGB or PSNI)

Surname .....

Registration No: RPSGB .....

PSNI .....

Pharmacy address.....

County..... Postcode .....

Tel no.....

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I enclose a cheque to Miller Freeman -

CiCPM part 1 £117.50 (inc VAT) .. (£ ..)

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CiCPM parts 1&2 £323.13 (inc VAT) .. (£ ..)

Set of ten modules for course registrants £29.38 (inc VAT) .. (£ ..)

Three or more modules

£4.60 each (inc VAT) .. (£ ..)

Total .. (£ ..)

Send cheques and forms to Sue Cheesman/Claire Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422).

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#### How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.



# Norton suspends its Advantage gifts option

Norton has suspended the gift element of its Advantage scheme, while it seeks High Court confirmation of its legality.

The company has asked the High Court for a declaration of review and, as *C&D* went to press, was waiting for a reply. If the court does consent to a review, every aspect of Advantage will be scrutinised against the Medicines (Advertising) Regulations 1994.

In a letter sent to Advantage's 3,700 members, Norton says it has approached the court because it wants "a definitive legal ruling", which would clarify the scheme's position.

Before making the move, the company says it took legal advice "at the highest level" and discussed trade practices offering discounts extensively with various health associations.

Nigel Fox, Norton's head of communication, says 95.4 per cent of Advantage credits, by value, have been redeemed against stock purchases, while 4.6 per cent have been used to buy gifts. In a letter to members, the company states: "Nevertheless, because the credits can be used to purchase goods or vouchers (which could be done using any form of discount), there is a perception that goods or vouchers are 'gifts' used improperly to



**A selection of gifts from Norton Advantage's 1996 catalogue, which was issued when the scheme was launched**

influence purchase.

"As these perceptions still exist, we have consulted with over 100 Norton Advantage members and it has been decided that it would be foolish to continue with something that is being used by so few members but is causing concern. Without prejudicing our position, that we consider the entire scheme legal, we have listened to you and are suspending the facility of purchasing non-pharmacy products

and vouchers until the scheme in its entirety has been reviewed by the Courts."

Pharmacists can still use Advantage credits to purchase the company's drugs. But it has removed its small range of OTCs from the scheme, because it says pharmacists can influence the OTCs customers choose.

Mr Fox denies the suspension of gifts is a U-turn on its previous position. When the Medicines Control Agency sent out its hard-line letter to companies in July, Norton told *C&D* the scheme "will most definitely continue", until it is successfully challenged in court (*C&D* August 2, p18).

"If we had a problem with Advantage, we would have removed the gift element instead of suspending it. We don't have a problem with it," says Mr Fox.

As hardly any pharmacist purchased gifts through the scheme, he adds, its effectiveness will not be affected by the suspension.

Norton says Advantage has not been harmed by the furore over the MCAs announcement. The company's letter says Advantage enjoyed record sales in August and its highest customer service for over two years.

Only three pharmacists have left Advantage and its membership continues to grow, according to Norton.

## Peptide's £2.7m deficit

Peptide Therapeutics reported a loss of £2.7 million for the six months to June 30, up 50 per cent on its loss during the same period last year. Peptide says the loss stems from research and development costs of £5.4m – up 157 per cent. Its sales rose to £2.5m, as against £43,000 during the previous period. The company aims to have five products in clinical trials by the end of the year.

## Taisho's London office

Taisho Pharmaceutical, a Japanese drug manufacturer, is setting up a clinical trials office in London to develop in Europe the drugs it has discovered in Japan. The first Taisho drug to be tested, according to a report in *The Financial Times*, will be NE-100, a treatment for schizophrenia.

## 'Ageing' consumers lift sales

Drug sales this year are expected to rise 9.4 per cent to £1,835 million. But the sales will leap 29 per cent to £2,376m by 2000, according to market researcher Corporate Intelligence on Retailing. The company's latest 'Retail Business' report, No 474, says drug demand will be fuelled by the UK's ageing population. Corporate Intelligence on Retailing. Tel: 0171 696 9006.

## Summer benefits

Pharmacists' sales of sun-related products shot up in August, thanks to the scorching sun. But hosiery sales were weak, according to the British Retail Consortium. Cosmetic sales were boosted by television advertising. The Confederation of British Industry, meanwhile, reports that 53 per cent of pharmacists enjoyed higher sales during August – one of the best results in any retail sector.

## EC biotech amendments

The European Commission has adopted 65 of the European Parliament's 66 amendments for its draft directive on patenting biotech products. Its directive therefore includes measures on the ethical side of biotech inventions. Cloning human beings has been ruled out and an independent committee will assess ethical aspects.

## Lorex's new address

Lorex Synthelabo has moved to a new address: 5 Roxborough Way, Foundation Park, Maidenhead, Berkshire SL6 3UD. Tel: 01628 501200.

## Seton acquires OTC company

Seton Healthcare has acquired Guernsey-based Simco, which produces OTCs, for \$5.5 million.

Simco comprises two businesses: J&J Holdings, which owns the group's property, and Simco, the manufacturing arm. The group has 60 employees and sells 60 per cent of its products to Seton. These include Seton's treatments for head lice, whose sales are said to be enjoying double-digit growth.

Simco reported an operating profit of \$600,000 on sales of \$5.6m last year.

Roger Humphreys, Seton's finance director, says Simco's head lice business was a key factor in the acquisition. "Head lice treatment is an important part of our portfolio, so we wanted to secure the supply source," he says.

Simco's head lice products are produced in a plant in Guernsey.

Another reason for the acquisition was Simco's profitability. The group also undertakes contract manufacturing for other companies, which Seton plans to continue.

Seton is buying the group in two cash instalments – \$1 million now and the remainder on March 1, 1998.

It has no plans to relocate the group or make any workers redundant.

Seton is expanding its interests rapidly through acquisitions. In May, it strengthened its confidence operation by acquiring Depuy International, a UK market leader for urinary incontinence, for \$21.7m.

The company does not rule out further acquisitions.

## Mintel's produces new pharmacy guide

Next month Mintel is launching an up to date pharmaceutical market report, 'OTC/Prescription Medicines Retailing', for marketers, retailers and suppliers.

The 150-page report, which focuses on both ethical and OTC medicines, will cover market influences, product trends, consumer views, topical issues, and will profile the major retailers and wholesalers.

More than 1,000 adults were surveyed as part of the report's consumer research in May this year and senior executives from medicine retailers and manufacturers were also interviewed as part of trade research in June. Other sources included the DoH.

Copies of the report, which cost \$695 each, are available from Mintel on 0171 606 6000.



## Innovative Technologies £2.6m in red

Innovative Technologies has reported a pre-tax loss of \$2.6 million for the six months to June 30 – up 53 per cent on its loss during the same period last year.

Its turnover rose 35 per cent to \$967,000. The figures do not include any contribution from Polymedica Woundcare, which was acquired by Innovative in July.

Innovative has two core businesses: wound care and non-wound care, whose lines range from surgical gloves to a film coating for catheters to ensure they do not cause an adverse reaction in the body.

It says its sales are growing, but not as fast as it expected. Full-year revenues, including Polymedica's, are expected to exceed \$3.5m. But its loss will rise to \$4.5m.

Innovative says it is ready to start marketing its wound care products. Roy Smith, formerly deputy chief executive, has been appointed chief executive of its wound care business. Don Evans, previously at Johnson & Johnson, joins as operations director.

Keith Gilding, who founded Innovative, becomes chief executive of a new non-wound care division.

## Vanguard loss rises by 17pc to £9.9m

Vanguard Medica's first half loss rose 171 per cent to \$9.94 million, compared with the same period last year.

The company says it expected the result – its research and development expenditure had grown 169 per cent to \$10.2m. Most of that, it says, reflects the investment needed to finance phase III trials for its drugs. These include VML 251, a treatment for acute migraine. Vanguard plans to apply for US regulatory approval for it next year.

The company is also at "an advanced stage of negotiations" with a major Japanese company to develop and market VML 252, its hyperphosphataemia compound, in Japan and the Far East.

Vanguard's R&D costs will rise again during the second half and should remain at that level next year.

Its says its balance sheet remains strong because its cash and investments are worth \$44.5m.

# Rhone-Poulenc losses 'due to restructuring'

Rhone-Poulenc will report a loss this year because it is spending FF9.5 billion (\$989 million) on a restructuring.

As analysts are expecting net profits of about FF3.5bn, the restructuring would apparently leave the company FF6bn in the red.

The bulk of the costs involve its chemical and fibres, and polymers divisions, which will be merged into a new business, Rhodia. This process and the re-focusing of its chemicals/fibres

businesses would create an exceptional charge of FF7bn.

The company announced in June that it wants to increase its stake in Rhone-Poulenc Rorer from 68.3 per cent to 100 per cent to strengthen its life sciences operation.

Rhone-Poulenc's share offer of \$92 for RPR's remaining stock closes on October 1. It needs to lift its stake to at least 90 per cent for its offer to succeed. If it reaches that threshold, the company will cancel the stock of

shareholders who have not accepted and give them \$92 per share.

The acquisition of RPR would lead to a loss of goodwill associated with research and development expenses – estimated at FF2bn. About FF500m will be retained to pay for a reorganisation to "simplify" the group.

Rhodia will be listed on the stock exchange next year, which will help Rhone-Poulenc recover some of the cost of acquiring RPR.

# Medielite wholesaler is sold

Northolt-based Medielite, an electrical appliance wholesaler whose clients include pharmacies, has been acquired for an undisclosed sum by a group comprising Chris Spencer-Phillips and Sound Financial Management, a venture capitalist.

Mr Spencer-Phillips becomes the wholesaler's new managing director. Jay Mashru, its former managing director, and his brother, Nitin, will act as the company's consultants. They retain a 20 per cent stake in the company.

Jay Mashru, who founded the business with his brother 12 years ago, says it had reached the crossroads in its development. The company has about 1,800 pharmacy clients, which account for 50 per cent of its business – it

also supplies DIY stores, cash and carries, and independent electrical shops. Grant Thornton, a firm of chartered accountants used by Medielite, introduced the Mashru brothers to Mr Spencer-Phillips. "He made us an offer we couldn't refuse," says Jay.

Mr Spencer-Phillips, who has a controlling 51 per cent stake in the operation, says pharmacies have a lot of potential, particularly as many of them do not realise the breadth of Medielite's range. The wholesaler stocks 1,800 lines. Electrical toothbrushes, he says, is one possible moneyspinner. Only about 8 per cent of UK consumers use one, compared to 50 per cent elsewhere in Europe.

"We've got to get close to phar-

macists to help them develop the [electrical appliance] business," says Mr Spencer-Phillips. "Because of pressure of space, they may think they don't have enough room for electrical appliances. They don't have to stock six to 12 appliances – only a few would do and we would service the pharmacies regularly."

He is strengthening Medielite's infrastructure to prepare for expansion. The company has installed a new computer system and it has set up a middle management team, which includes a buyer and financial director. It has also introduced a sales and ordering department. John Merritt, former sales director at Braun, has joined the company with the task of building up its sales team.

## COMING EVENTS

### SUNDAY, SEPTEMBER 28

#### Bradford & District Branch, RPSGB

The vice chairman's evening, 5.00pm.

### MONDAY, SEPTEMBER 29

#### North Wales & North Powys Branch, WCPPE

Caernarfon – 'An epilepsy update'.

#### South East Wales Branch, WCPPE

Rhondda – 'Evidence-based palliative care'.

#### West Wales & South Powys Branch, WCPPE

Narberth – 'Folic acid update'.

### THURSDAY, OCTOBER 2

#### Lanarkshire Branch, RPSGB

Old Mill Hotel, Motherwell, 8.00pm. 'The Scotland against drugs campaign' by David Macauley, campaign director.

### ADVANCE INFORMATION

The College of Pharmacy Practice is holding a College Weekend on **October 4-5**, at the GEC Management College, Dunchurch, near Rugby. 'Effective working and enhanced professionalism'. There is also a study day, 'Taking pharmacy to the patient', on **October 5**. Call 01203 692400.

The annual weekend meeting of the **Agricultural and Veterinary Pharmacists' Group** will be held on **October 18/19** at Slaley Hall, near Hexham, Northumbria. 'Agricultural and veterinary pharmacy in a New Age'.

**IRI** is hosting a one-day Apollo Space Management conference on **October 23**, at the Oxfordshire Golf Club, Ryecote Lane,

Milton Common, Thame, Oxfordshire. Call 01344 746203.

**UK Clinical Pharmacy Association** is holding a residential symposium, 'Progress in practice', on **November 21-23**, at the Stakis Hotel, Blackpool. Call 0116 2776999.

**The Society of Cosmetic Scientists** is holding a symposium, 'How safe are cosmetics and toiletries', on **November 24/25**, at The Old Swan Hotel, Harrogate, North Yorkshire. Call 01582 72661.

**The Royal Society of Chemistry** is holding a one-day symposium, 'Chemistry, the world and everything', on **November 27**, at the Scientific Societies Lecture Theatre, London W1. Call 01702 231268.



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# ABOUT people

## C&D's Cambridge Counterpart delivers 1,500th certificate



Sarah Newman of Hills Pharmacy in Bilton Grange, Hull, receives the 1,500th C&D Cambridge Counterpart College of Pharmacy Practice Certificate for medicine counter assistants reaching Royal Pharmaceutical Society training standards from David Harrison (right) from course sponsor Whitehall Laboratories. Manager Mark Hutton (second left) shared in the champagne occasion, along with course publisher John Skelton of Miller Freeman

C&D's Cambridge Counterpart course has now delivered 1,640 medicine counter assistants trained to Royal Pharmaceutical Society standards and with official College of Pharmacy Practice certificates.

Last week, Sarah Newman of Hills Pharmacy in Bilton Grange, Hull, received the 1,500th CPP certificate (see above) from David Harrison, senior national accounts manager for the course sponsor, Whitehall Laboratories.

Sarah says that Counterpart is

"very interesting and informative" and that she found the telephone marking system very good and easy to use.

Manager Mark Hutton says his staff found Counterpart user-friendly and non-threatening for both juniors and seniors. "It delivers learning to assistants without pressure," he says.

Nearly 7,000 assistants are taking Counterpart with C&D, who provides the course to major multiples such as Hills Pharmacy and the National Co-op.



AAH Pharmaceuticals' southern branch managers gathered to bid David Kern, the company's southern area regional general manager, farewell at a lunch and presentation last month. David, 53, has witnessed many changes, particularly in warehouse automation, since he started work in the industry 38 years ago. He is pictured (left, holding picture) at his farewell presentation with colleagues



Pictured (l-r) are counter assistant Nicky Admans; Peter Tinkler, owner of the Royal Mile Pharmacy; and shop manager Sara Brand

## Going that extra mile

When pharmacist Peter Tinkler had to decide how to refurbish his business, he elected to go back in time and transform it to its original 18th-century style.

Mr Tinkler is the proprietor of the 150-year-old Royal Mile Pharmacy in Edinburgh, located halfway along the city's scenic thoroughfare.

Peter says: "When I took over, the self-service pharmacy looked a little shabby and sales were flat. The steel frontage was very dated and not in keeping with the grand surroundings of the Royal Mile, so I decided a complete transformation was required."

He spent 18 months researching pharmacies and old buildings throughout Scotland before embarking upon a year's renovations, both inside and out.

"The most difficult parts of the refit were finding a shopfitter who could do it, and deciding what to stock. We had to spe-

cialise as a pharmacy and gift shop because we didn't have enough space for modern retailing," he says.

One side of the shopfront is dedicated to displaying pharmacy relics, such as a drug run, old codexes and rounds. Mr Tinkler has been surprised by the amount of interest the shop has generated.

Materials for the outlet have come from near and far. He found a three-foot tall decorative pestle and mortar, which presently hangs outside the shop, in a local junk shop on his way to work one morning. "I searched high and low for one, but with no luck until then," he says.

The old-fashioned uniforms were selected by the girls themselves, and, although they were a bit sceptical about wearing them to begin with, they are made from modern materials and are not as impractical as they look.

## Refit uncovers 100-year-old pharmacy prescription ledger

A pharmacy supervisor at Boots the Chemists in Wellington, near Telford, uncovered a 100-year-old prescription book following a stockroom refit last month.

"The books were discovered behind some old fittings in the stockroom," says pharmacist Ian Westwood. "The oldest, book A, dates back to 1899."

An inspection of the old ledger revealed several arsenic-containing nostrums and the names of old relatives of families who still live in the area.

Books B to L were discovered at the same time as book A. The pharmacy now possesses all the prescription books from A to O. The ledgers will be sent to BTC archives in Nottingham for storage or display.

## APPOINTMENTS

The PSNC has made **Dr Gordon Geddes** head of technical and information services. **Mike King** becomes head of professional services. **Idis World Medicines** has appointed **Jacqueline Kent** as product information manager. **Kodak Processing** has made **Stephen Rahe** marketing manager.

**Anne Gabarre** is Parfums Givenchy's new marketing manager.

**Henry Kotara** has joined Paul Murray plc as national accounts manager.

**Peter Job** has been appointed a non-executive director of Glaxo Wellcome.

**Catherine Egmore** is new commercial category manager, oral care, at Colgate-Palmolive.

**Professor David Grahame-Smith** has been re-appointed chairman of the Advisory Council on the Misuse of Drugs.



# A **NEW** magazine for Pharmacies in the new age



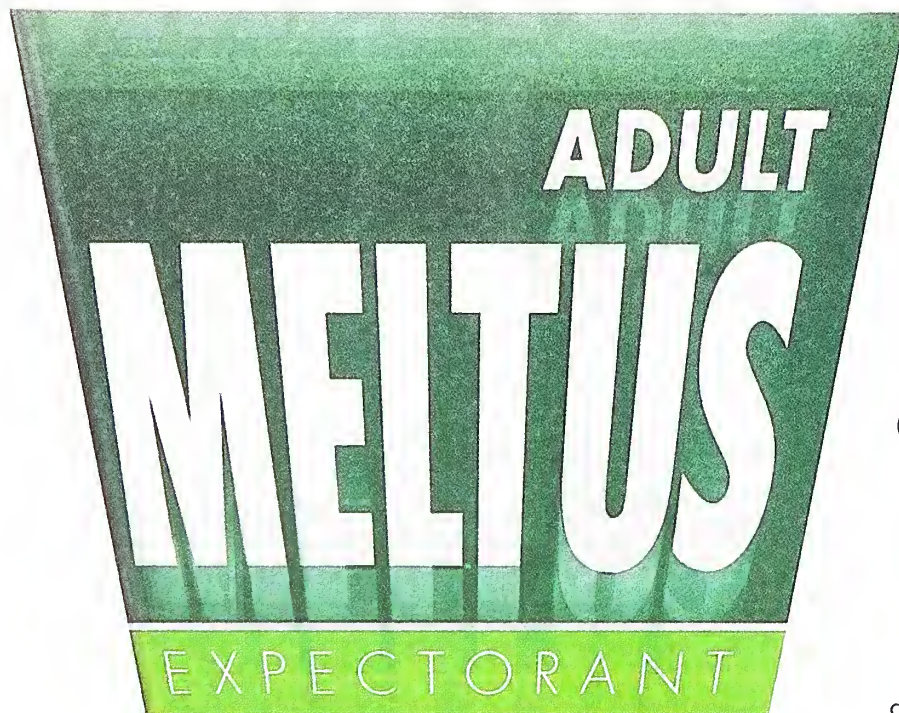
The new magazine from the publishers of Chemist & Druggist.

Includes the Certificate in Community Pharmacy Management - the Queen's University business training programme sponsored by SmithKline Beecham

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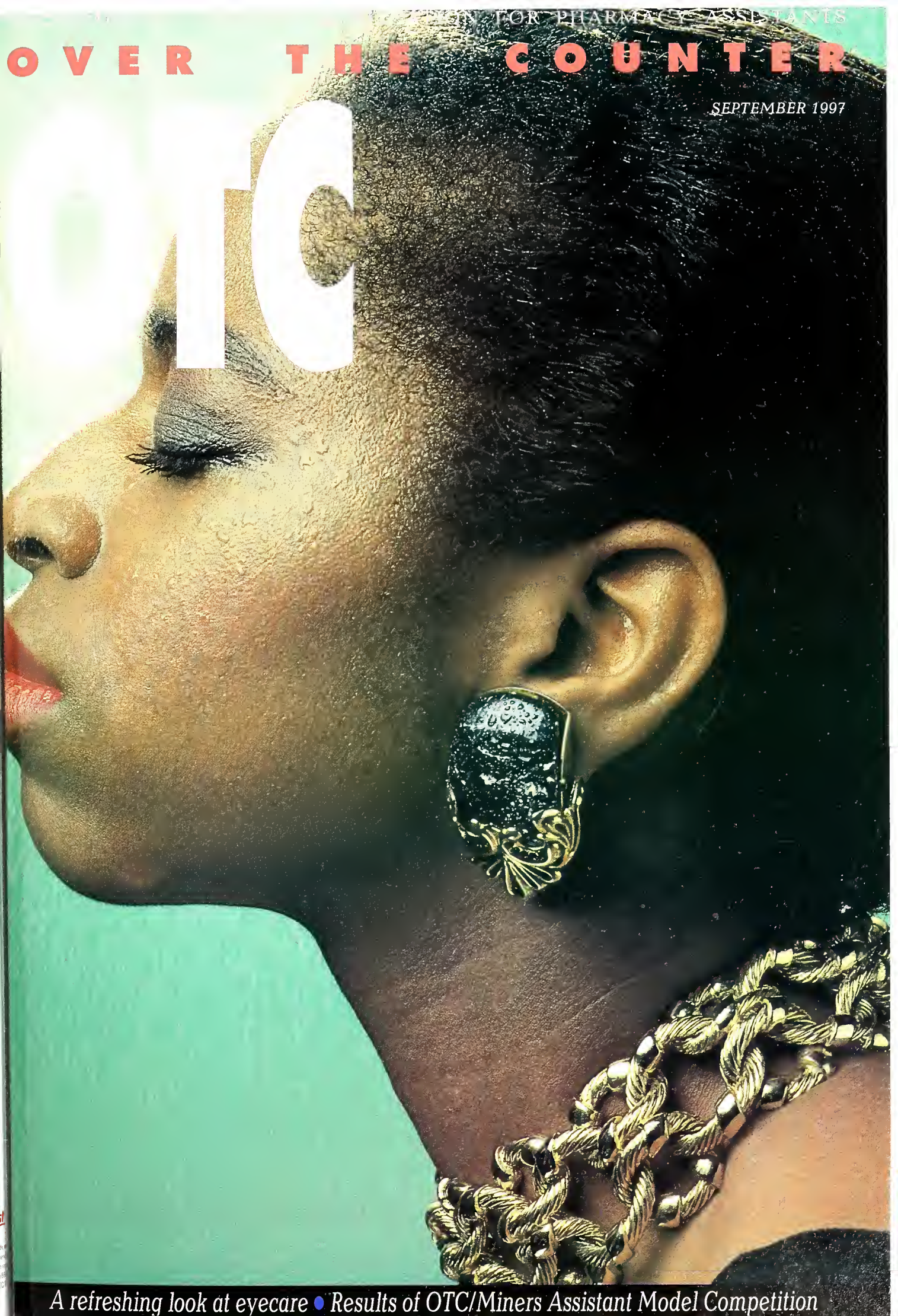
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ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH. Presentation: Oral liquid. Each 5ml contains 100mg Guafenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. Indications: For the symptomatic treatment of coughs and catarrh associated with influenza, colds and mild throat infections. Dosage and Administration: Adults and Children aged 12 years and over: one or two spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. Use in pregnancy and lactation: No known contraindications. Side effects: None known. Legal Category: GSL. Packs: 100ml and 200ml. Price: 100ml £2.51 excl VAT, 200ml £3.56 excl VAT. PL Number: 0338/5026. PL Holder: Cupal Limited, Blackburn BB1 1XJ. Date of Preparation: October 1996. Further information is available on request from Seton Healthcare Group plc, Tubiton House, Oldham OL1 3HS.

\*Independent Pharmacy Audit MAT June 1997 \*\*Taylor Nelson AGB - Counterpoint (C) 1997





# OVER THE COUNTER

JOURNAL FOR PHARMACY ASSISTANTS

SEPTEMBER 1997

# OTC

A refreshing look at eyecare • Results of OTC/Miners Assistant Model Competition



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**Directions:** Tilt head and gently squeeze up to 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily, if necessary whilst symptoms clear.  
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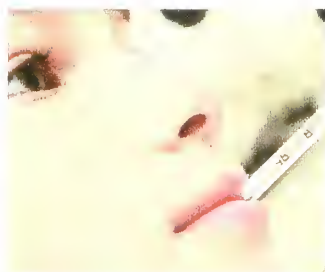
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# Contents



## Sick kids

A guide to childhood ailments and their treatment by pharmacist Mary Allen

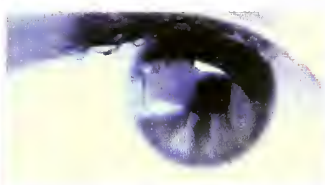
8



## The milk of humankindness

Breast is best but as Sarah Purcell discovers, bottles have their place

12



## Let's look at eyes

From tired eye to styes, Zita Thornton takes a look at eye care

14

## Seasonal shades

Autumn leaves may be falling but you can lift your spirits with Anne Mullee's report on the new season's colours

18



## All flowered up

A visit to the home of Dr Bach offers Adrienne de Mont an insight into the complementary world of flower remedies

20

# OTC

AFTER THE COUNTER

Volume 9 Number 67  
September 1997

## ENTroducing...

Community pharmacist Jeremy Clitherow MBE examines problems associated with ears, nose and throat

22



## Making the most of people

Diane Bailey explains why it's important to make staff feel valuable, empowered, competent and secure

26

# Put your best foot forward with Canesten AF



Athlete's foot is a highly contagious fungal infection and is one of the most common skin diseases. It affects as many as one in seven adults at some time or another. Canesten AF not only treats the cause of athlete's foot but also removes the itch and solves the problem of flaking cracked skin. Its active ingredient clotrimazole actually kills the fungus (*Tinea pedis*) that causes athlete's foot. The Canesten AF range is available as a new fast-drying, long-lasting spray, a soothing, healing cream and an effective powder. The new spray, featuring a unique upside down atomiser, is particularly suitable for fungal infections covering large areas.

To help keep your feet in tip top condition Bayer is offering ten *Over the Counter* readers the chance to treat your feet with one of its Canesten AF foot goody bags. Each handy boot bag includes a wooden foot massager, refreshing foot lotion, a pumice stone, a foot towel and a Canesten AF leaflet full of helpful advice on preventing athlete's foot.

To get your hands (and feet) on this bag of goodies simply send your name and address on a postcard to **OTC/Canesten AF offer, Miller Freeman, Sovereign way, Tonbridge, Kent TN9 1RW** before October 24. The first ten names out of the bag after this date will be the lucky winners.





Well, a lot has happened since our last issue in July. The popular antihistamine terfenadine has reverted to Prescription Only control following reports of cardiac problems in some users and interactions with antifungals and antibiotics (see **News** page 4). Fortunately, the hayfever season is over as we all know how easy it's going to be to explain to regular users that they now need to make an appointment with their GP and get a prescription before they can obtain their terfenadine tablets. Just wait until next April or May for the fun to start.

The Department of Health has also announced its intentions to restrict the pack sizes of paracetamol and aspirin (see **News** page 4). From September next year, packs of GSL paracetamol and aspirin available from supermarkets or corner stores will be limited to 16 tablets or capsules. Larger packs of 32 will be available from pharmacies and in 'justifiable circumstances' pharmacists will be able to supply packs of up to 100 tablets. The aim of these restrictions is to reduce the number of overdoses using OTC analgesics.

Although any move that helps people to use medicines more safely is to be welcomed, it does not address the unsupervised sale of these products in outlets such as garages or supermarkets. Pharmacists and pharmacy assistants will be expected to dissuade customers from buying two or more 32-packs. But who will dissuade the shopper from buying four 16-packs in their local supermarket? Prices are also expected to rise, which will be another bone of contention for customers.

When the new rules come into effect, once again you will be on the front line, explaining to customers why it is in their best interests not to stock up on analgesics. Have a chat with your pharmacist so that you are very clear about the changes, why they are happening and how they are to be explained to your customers.

Congratulations to Philippa Myles, winner of our OTC/Miners Model competition. Her picture appears on page 5 with the three runners-up. Philippa will also be featuring in our November issue, when you can find out how she got on at her photoshoot.

And finally, if you dread the arrival of autumn because it means falling leaves and dark evenings, lift your spirits by turning to page 18 and discover the new colours and looks for the coming season.

**Maria Murray**

Supplement co-ordinator

# NEWS

## Terfenadine back on prescription

The antihistamine terfenadine has reverted to Prescription Only status and you are now required to treat all terfenadine-containing products such as Triludan, Seldane, Terfenor and Aller-eze Clear, as well as own brand products from Boots and Unichem, as prescription medicines.

Earlier this year the Committee on Safety of Medicines had advised that the drug should return to POM control because the "increasing complexity of the precautions needed for its safe use mean it is unlikely that the drug can be used as safely as alternative non-sedating antihistamines without medical supervision".

Terfenadine had been available as a Pharmacy medicine since 1985. However, in the early 1990s reports began to appear of cardiac side effects in patients taking the drug at the same time as imidazole anti-fungals and macrolide antibiotics.

The Royal Pharmaceutical Society had opposed the P to POM switch, arguing that pharmacists had shown that effective measures could be quickly put into place to prevent inappropriate use of terfenadine.

Many patients will be unaware of the change and may be angry that they cannot buy a product previously available over the counter. Discuss with your pharmacist the best way of informing patients about the change and why it was introduced.



Congratulations to Alison Paton, winner of a weekend for two at Hoar Cross Hall in Staffordshire, one of the UK's most luxurious health spas. Alison, a pharmacy assistant at Hodson's Chemist in Hatfield, won first prize in a Paracodol competition featured in OTC earlier this year. She is pictured receiving her voucher and a bottle of champagne from Ian Tebby of Roche Consumer Health.

## New controls on OTC analgesics

As part of a 'drive to improve the safety of OTC painkillers', the Department of Health intends restricting the pack sizes of paracetamol and aspirin from September next year.

Paracetamol products will also be required to carry new warnings about overdoses on-pack and in patient leaflets, advising people to seek immediate medical advice in the event of an overdose even if they feel well.

From September 16, 1998, packs of GSL paracetamol and aspirin available from supermarkets or general stores will by law contain no more than 16 tablets or capsules.

Larger packs of 32 will be available from pharmacies. Pharmacists will be able to supply up to 100 tablets in justifiable circumstances, such as chronic painful conditions. For amounts greater than 100 tablets a doctor's prescription will be required. Many pharmacists may choose to become personally involved.

The DoH claims that paracetamol overdose accounts for 30,000 to 40,000 hospital referrals each year and 100 to 150 deaths. Aspirin is said to account for 5,000 hospital admissions and there were 60 deaths from overdose in 1994.

Because of the coverage in the newspapers and television, it is important for you to reassure the public that both these analgesics are safe when used at the recommended doses. Discuss with your pharmacist the shop policy on display and sale of various pack sizes of analgesics.

## Seafood Kebabs with Dill Butter

Fire up the barbecue and sample this tasty recipe from the Fresh Fruit & Vegetable Information Bureau. And if the sun doesn't shine simply switch on your grill. The quantities given should serve four as a main course.

### Ingredients

8 large peeled prawns  
700g/1 1/2lb firm white fish, such as monkfish or cod, skinned  
5 limes  
1 small green chilli de-seeded and finely chopped  
2 tbsp oil  
Salt and freshly ground black pepper

(Lime Dill Butter)  
2 egg yolks  
grated rind of 1 lime  
1 tbsp lime juice  
125g/4oz butter  
2 tbsp chopped dill

### Method

Take two of the limes, grate the rind and squeeze the juice, put into a dish

with the chopped chilli and oil and season with salt and pepper. Cut the white fish into 2.5cm/1 inch cubes and put into the dish with the prawns, toss in the marinade then cover and refrigerate for one hour.

Cut the remaining limes into eight wedges and arrange on eight skewers with the fish. Brush with oil and cook on prepared barbecue for six to eight minutes, turning once and brushing

with the marinade. Alternatively, cook the kebabs under a medium hot grill for about ten minutes, turning once. To make the lime dill butter, put the egg yolks into a bowl and whisk in the lime rind and juice. Place over a pan of simmering water and gradually whisk in the butter. Continue to whisk until the sauce thickens. Remove from the pan and add the dill. Serve while still warm with seafood kebabs.





## Efamol diploma for assistants



Evening primrose oil company Efamol is launching a training and education programme for pharmacy assistants.

Around 5,000 outlets will be invited to enroll in the programme between now and October, when the first of three information packs will arrive.

In December, all assistants who joined the course will receive a questionnaire testing their knowledge across a range of nutritional issues. All those who pass will be notified in January and receive an Efamol diploma.

The names of successful candidates will be entered into a prize draw and four assistants and their partners will win a three-day break in New York.

To enroll on the training programme contact your Novartis Consumer Health sales representative or call on 01202 653222.

## Do something amazing today!

'Do something amazing today – save a life – give blood' urges a new publicity campaign launched by the Department of Health and the National Blood Service.

The £1 million campaign is intended to boost the number of people donating on a regular basis and highlights how people can fit in giving blood in their daily lives.

Due to run until next March, the campaign targets all potential donors, but with a particular emphasis on people in their 20s and 30s.

The NBS needs to collect 10,000 donations a day, and, it stresses, needs donors who give their blood regularly – two or three times a year.

People wanting to give blood can ring 0345 711711 at any time (calls will be charged at local rates). Callers to this number will receive a leaflet outlining what to expect when they do attend a donor session and what blood is used for.

## Cot deaths up

Last year the number of cot deaths increased for the first time since the 1991 'Reduce the Risk' campaign encouraged parents to place babies on their backs to sleep.

Figures compiled by the Foundation for the Study of Infant Deaths (FSID) show that there were 499 cot deaths last year, a 6 per cent rise on the previous year's figure of 470 deaths. The reason for the rise is not known.

Prior to the FSID's campaign the number of cot deaths annually was more than 1,000.

Commenting on the rise, the FSID said it showed there was no room for complacency and it reissued its advice to:

- place babies on their backs to sleep
- cut smoking, by both parents, during pregnancy
- don't let anyone smoke in the same room as the baby
- don't let the baby get too hot
- keep its head uncovered
- position the baby with its feet at the foot of the cot so that it cannot wriggle under the bedclothes.

## Boots launches loyalty card

Boots the Chemists has followed the trend set by other large chains with the national launch of its Advantage loyalty card programme.

The card is intended to reward customer loyalty as well as providing



Mrs A Smith  
12345678

Advantage Card

Boots with information on its customers' shopping patterns.

However, Boots will be the first High Street retailer to use 'smart card' technology. Each Advantage card carries a computer chip which will enable the cardholder to use the card to redeem points instantly against purchases in any of the 1,260 Boots stores.

Customers will receive rewards on the basis of one point (worth 1p) for every 25p spent. The company says this is four times greater than the average supermarket card. Points can be redeemed against a range of 10,000 health and beauty products.

The national launch follows successful trials since October 1995 in East Anglia and the South West.

## Infacol Helpline extended

The Infacol Colic Helpline, launched by Pharmax last year, is being extended to the end of March.

Manned by experienced nurses at The Medical Advisory Service, the helpline is open to callers on 0181 994 9874 between the hours of 5pm and 10pm, Monday to Friday – times when a health professional may be difficult to get hold of. Call are charged at normal BT rates.

Free 'Colic Explained' information leaflets with tips on soothing the baby and featuring the helpline telephone number are available free of charge by writing to: Infacol Colic Leaflet, PO Box 277, High Wycombe, Bucks HP13 7SD.

# A Wolverhampton winner for OTC/Miners model competition



Congratulations to Philippa Myles from Wolverhampton, a worthy winner of the *Over the Counter/Miners Cosmetics* model competition for assistants. We were all very impressed with the high standard of entries and found it difficult to come to a decision.

Philippa will be taking part in a photo shoot in London later this year, after having had a make-over from the Miners Make-Up Artist of the Year, Caroline Scott, using Miners Cosmetics. As well as appearing in three issues of *Over the Counter* during 1997 and early 1998, Philippa will also receive £100 worth of Miners Cosmetics, a professional make-up brush set and three large-size colour prints from the shoot.

Our three runners-up – Asha Nur from Derby, Carley Joseph from Cornwall and Tamzine Tipper from



Asha Nur



Tamzine Tipper



Carley Joseph

Wafford – each receive £25 worth of Miners Cosmetics and a professional make-up brush set.

Everyone else who entered will receive a consolation prize of a Miners lipstick and nail polish.





## Helping hands for the deaf

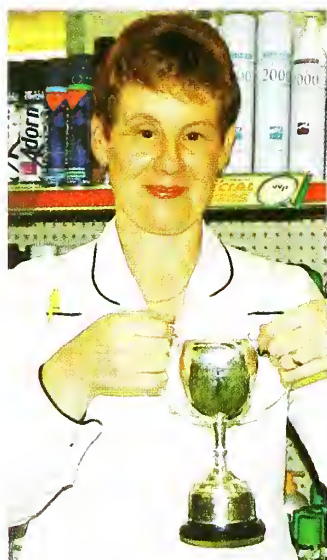
Pharmacy assistants Jo Cummings and Lindy Rowley at Boots the Chemists in Scarborough can talk to customers in more ways than one.

Both assistants are trained signers, and have passed their level one exam in sign language and deaf awareness. The pair, who did the course in their spare time, studied for two hours a week from September until June, before taking their exam.

Lindy wanted to learn to sign because she had met some deaf people on holiday and wanted to communicate with them, while Jo, 22, learnt as part of her gold Duke of Edinburgh award.

"We mostly do finger spelling, because there are a lot of words we still don't know. We use signing every now and again, and whenever our course tutors come in," says Jo.

"Our colleagues think what we've done is marvellous, and have learned how to sign words like 'please' and 'thank you'," she adds.



The 1997 United Norwest Co-op Pharmacy Assistant of the year is Sue Blaze. Sue, who works at the hypermarket at Talke, Stoke-on-Trent, was judged on efficiency, service and friendly customer approach, as well as a report from a mystery shopper. She was presented with a trophy and £100

## Get decked out in Smint style

**FREEBIE**

Have you been Sminted yet? Smints are new low-calorie, sugar-free mints which come in a handy dispenser containing 40 mini-mints, retailing at around £0.99. Smint contains Xylitol, a premium-quality, natural sugar substitute, which not only delivers a cool taste to 'make your mouth a nicer place' but also helps to break down the bacteria found on teeth that cause plaque. Each Smint delivers instant breath freshness and only contain 0.5 calories. The mint has been tested to international standards, is approved by the British Dental Association and carries the 'Mr Happy Tooth' quality mark of the International Association of Toothfriendly Sweets.

Five lucky OTC readers will be Sminting in style this autumn as we're giving away five exclusive Smint sets consisting of a Smint

sports bag, tee-shirt, baseball hat, and of course some packs of Smint.

To enter the free prize draw simply send your name and address on a postcard to OTC/Smint Offer, *Over the Counter*, Miller Freeman Plc, Sovereign Way, Tonbridge, Kent TN9 1RW before October 17. The first five names out of the bag after this date will be the winners.



## Pregnant smokers underestimate risks

Women who continue to smoke during pregnancy think it does not pose a risk to them or their child.

A new survey from the Health Education Authority found that pregnant smokers are less likely than non-smokers to agree that cutting down on or quitting cigarettes during pregnancy is important, and that passive smoking is dangerous to their unborn or newly-born child.

This is despite the evidence of increased risk of miscarriage and sudden infant death syndrome associated with smoking during

pregnancy. The women surveyed attached more weight to the effects of alcohol consumption and stress avoidance than to cigarettes.

The main reason given for smoking is its addictive nature. Half of all pregnant smokers said they had their first cigarette within half an hour of waking. Perceived benefits of cigarettes included stress relief (32 per cent of respondents), relaxation (14 per cent) and relief from boredom (14 per cent).

Smoking during pregnancy is increasing as more young women take up the habit.



## A Blue Peter badge birthday

A dream came true for pharmacy assistant Debbie Hunn when she opened a birthday card from a colleague at the Stallion Pharmacy in Hove. Inside was something that Debbie, 40, had wanted since her childhood – a Blue Peter badge.

Pharmacy assistant Jo Cattnach, who works alongside Debbie, overheard her friend talking about her lifelong wish to own a badge. So Jo wrote off to Blue Peter, telling the show's editor, Oliver MacFarlane, about her friend's wish and how, as a child, she had entered every competition and the show's Christmas appeals, but failed to win a much coveted badge.

Mr MacFarlane responded with a letter, signed by everybody at Blue Peter, as well as a sew-on badge which Jo slipped inside Debbie's card, and then waited to see the expression on her face when she opened it.

"I haven't yet sewn the badge on, but it will probably go on my tabbard, so I can show it to our customers," says Debbie. "Unfortunately, nowadays, I don't get time to watch the show because I'm at work."



Congratulations to *Over the Counter* reader Mrs S Miller, whose picture of a friendly heron in Florida is our winning snap this month. Mrs Miller, who works at the Shaftesbury Pharmacy in Harrow, Middlesex, wins £25 and a Fujifilm Quicksnap Super Slim Flash single use camera. So if you've taken any snaps on your holidays, send them in and you too could win £25 and a handy, slim Fujifilm Quicksnap single use camera



Nine out of ten.

Will do better.

Canesten®

Having a  
90% market share  
would satisfy  
most companies.  
But at Canesten  
we're not content  
with having  
the best selling  
thrush treatment.  
That's why we're  
spending  
£2 million on a  
new advertising  
campaign for  
Canesten Combi.  
So it won't  
be just the fastest  
treatment for  
thrush, it will be  
the fastest selling  
one too.

**Abridged Prescribing Information. Presentation.** One Canesten 1 pessary (containing 500mg clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1.0% clotrimazole BP) **Uses** Pessary for candidal vaginitis; cream for associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration Adults** The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children** Paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Warnings and Precautions:** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months; previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years, known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category P.** **Package Quantities and Basic NHS Cost.** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Produce Licence Numbers** Cream 1% 0010/0016R, 500mg Pessary 0010/0083. **Further information available from** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA Telephone (01635) 563000 **Date of Preparation** July 1995 © Bayer plc, May 1997



# The kids are alright – most of the time

Consultant pharmacist **Mary Allen** takes us through the range of common illnesses that afflict children in their early years

If you let yourself, you could worry about your kids from the day they are born for the rest of your life. Childhood ailments occur early in the worry scale, but although some illnesses are potentially serious, most are just part of growing up. Learning to tell the difference makes for more relaxed parenthood. You and your pharmacist can help mums and dads with over the counter advice about what to do when things don't seem right.

Many baby problems seem to centre on their various orifices! Nappy rash is very common – most babies suffer at some time. It appears as a painful red rash and may be due to irritation from ammonia in the wet nappy, to infection, or a reaction to soap or detergent. As with all things,



Even healthy children will experience minor ailments as part of their growing up

prevention is better than cure. The box below gives advice for you to pass on to mums.

Check the ingredients in products so that you know what each is for. Whatever

treatment your recommend, tell mums to see the doctor if the rash spreads outside the nappy area or if it gets worse despite treatment.

## Coping with colic

Colic is another source of worry for new mums. All babies have occasional bouts of crying – this is normal. Some may have longer bouts of crying, particularly in the evening, and tend to draw up their knees. Where the baby seems otherwise healthy and well-fed, this may be colic.

As a general rule colic only occurs in young babies and doesn't usually last beyond a few months of age. There are no specific treatments – many babies respond well simply to cuddling or rocking. Gripe mixtures such as Woodward's or Nurse Harvey's may help. Other products include Infacol and Dentinox Infant Colic Drops (both of which contain dimethicone) which probably works by dispersing trapped wind.

Massaging babies with oils has recently become a

fashionable remedy for colic. However, correspondence in some medical journals has suggested that exposure to oils derived from peanuts (arachis oil) may increase the risk of peanut allergy in later life. Nothing has been proven, but at least one product used for babies (Kamillosan ointment) has changed its formula. And, while it may yet be shown that there is no real problem, I would feel reluctant to meet requests for bottles of arachis oil for baby massage.

Mums should contact doctors or health visitors if babies have any additional symptoms such as vomiting or raised temperature, or even if they feel they just can't cope.

## Teething troubles

Just as colic disappears, so teething troubles start! This usually occurs around six months, but may vary. Most babies suffer and are generally miserable with inflamed gums, flushed cheeks and dribbling.

## Nappy rash: prevention and treatment

- Use the type of nappies which draw urine away from surface, leading skin drier
- Change nappies frequently
- Clean baby's bottom at each nappy change
- Leave nappy off to expose skin to air
- Use a barrier such as a thin layer of white petroleum jelly to protect the skin
- Johnson's Baby Nappy Rash Cream claims to be a hypoallergenic antiseptic barrier cream
- Antiseptic cream may help to prevent infection (eg Drapolene, which contains cetrimide and benzalkonium chloride)
- Siopel, Conotrane and Vasogen creams combine dimethicone as a barrier with antiseptic agents
- Canesten is useful where fungal infection is known to be the cause
- A self-help leaflet entitled 'A Guide to Nappy Rash' sponsored by Roche Consumer Health, the manufacturers of Metanium ointment is available by writing to Metanium leaflet Offer, c/o Concept at Charles Barker, 56 Dean Street, London W1V 6HX
- A number of useful booklets are also freely available from Pharmax, the manufacturer of Sudocrem Antiseptic Healing Cream. Three current titles are: 'The First Three Months', 'Travelling with Young Children', and 'A Guide For Fathers To Be'.

Continued on p10 ►



# Help ease those aches and pains

*Bonjela Oral Pain Relieving Gel and Disprol Paracetamol Suspension and Soluble Tablets from Reckitt & Colman help ease the discomfort of many childhood niggles*

It's only natural that parents want to protect their infants from childhood illnesses, but some little niggles are an inevitable part of the growing up process and cannot be avoided. Here we look at some of these conditions – teething, and colds and fever – and how Bonjela and Disprol can help ease the pain for both child and parent.

## Pain in the gum

Teething is when a baby's milk teeth push their way through the gums. It's always a stressful time for mother and baby, as the child appears to be in so much pain, and the crying never seems to stop! Most babies begin their teething at around four months. However, a handful of babies are born with one or two teeth, and some don't start teething until they're one year old. Some of the symptoms include red or inflamed gums; flushed cheeks; drowsiness; dribbling and crying more than usual.

## How to help

Pass on these tips to parents to help them ease the discomfort of teething for their baby.

**1** Bonjela Oral Pain Relieving Gel is sugar-free and contains an analgesic to relieve the pain and reduce the inflammation. By simply applying a little to the affected area of a baby's gums, Bonjela can start to work on the pain in two minutes. Each application lasts up to four hours and the gel can be used up to six times a day, giving baby and parent up to 24 hours relief.

**2** A teething ring – especially if it has been pre-chilled in the fridge – can be a great help as pressure on the inflamed area helps ease the pain.



teething ring isn't to hand, giving the baby a hard rusk to chew on instead can help.

**3** Some babies develop a raised temperature while teething, in which case parents can be advised to use Bonjela along with a paracetamol preparation, such as Disprol Paracetamol Suspension or Soluble Paracetamol Tablets.

**4** If the baby develops further symptoms or parents are still at all concerned, they should contact their health visitor or GP for advice.

## Fever

However much they want to, there is nothing parents can do to prevent their child from catching a cold or flu, as the infection is spread through the air. A fever is simply a higher than normal temperature and is the body's response to infection. Parents can check their child's temperature using a thermometer: if it's over 37.7°C (100°F), he or she needs treatment.

Parents or carers are the best people to know whether their child is under the weather or in pain. The most common childhood complaints include a sore throat, headache or mild fever following immunisation. In all these cases, Disprol Paracetamol Suspension can provide children with fast and effective pain relief.

## Practical advice

There are several things parents can be advised to do to cool children down and make them feel more comfortable if they are running a high temperature.



- Dress them in just vest and underpants.
- Place them in a room which is cool but not draughty
- If in bed, cover with just a sheet
- Sponge down gently with lukewarm water.
- Give them plenty of drinks, such as cooled boiled water, so that they don't become dehydrated
- If the child is over three months, give him Disprol Paracetamol Suspension which has a pleasant banana taste or Disprol Soluble Paracetamol Tablets that taste of lime. Both are effective in gently relieving

pain and fever in children. Disprol contains no sugar (which is good news for children's teeth) or artificial colourings

● If symptoms persist, or parents are at all worried about the health of their child, they should contact their GP or health visitor straight away.

## Which is the right medicine?

For many common children's symptoms Bonjela and Disprol can offer tried and tested help. Keep this handy guide to ailments and what medicine to recommend to parents.

Symptoms	Remedy	Suitable from
Inflamed gums from teething	Bonjela Oral Pain Relieving Gel	Over four months
High temperature as a result of teething	Disprol Paracetamol Suspension (for younger babies)	Three months and upwards
Cold and flu symptoms; fever, headache, sore throat.	Disprol Soluble Paracetamol Tablets (for children who want to feel grown up)	Three months and upwards
Discomfort following immunisations	Disprol Paracetamol Suspension	Three months and upwards

**Essential Product Information Disprol Soluble Paracetamol Tablets.** Active Ingredient: Paracetamol Ph Eur 120mg. Also contains sodium saccharin. **Indications:** For the treatment of mild to moderate pain and symptomatic relief of rheumatic aches and pains, influenza, feverishness and feverish colds. **Dosage:** Children three months to under one year, half to one tablet every 4 hours (maximum of 4 tablets in 24 hours). One year to under six years, one to two tablets every 4 hours (maximum of 8 tablets in 24 hours). Six years to 12 years: 2 to 4 tablets every 4 hours (maximum of 16 tablets in 24 hours). Only after prior dissolution in water. Not to be given to children under three months except on a doctor's advice. **Contra-indications:** Hypersensitivity to paracetamol. **Precautions:** Use with caution in patients with hepatic or renal dysfunction. Do not exceed the stated dose. Dosage should not be continued for more than three days without consulting a doctor. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. **Side-effects:** There have been isolated reports of agranulocytosis, methaemoglobinemia and thrombocytopenic purpura, and after overdosage or prolonged administration isolated cases of chronic hepatic necrosis, acute pancreatitis and nephrotoxicity. **Retail price:** 24, £1 35. **Marketing authorisation:** 0063/0022. **Supply classification:** General Sales List – for packs containing less than 15 tablets. **Pharmacy Medicinal Product** – for packs containing more than 48 tablets. **Holder of marketing authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** September 20. **Disprol Paracetamol Suspension.** Active Ingredients: Paracetamol Ph Eur 120mg/5ml. Also contains methyl and propyl hydroxybenzoate and saccharin sodium. **Indications:** (as above), plus teething, and reactions due to vaccination and immunisation. **Dosage:** Children 6 to 12 years: 2 to 4 5ml spoonfuls. One to 6 years: 1 to 2 5ml spoonfuls. Three months to 1 year: half to 1 5ml spoonful. For babies who develop fever following vaccination at 2 months, a 2.5ml dose is suitable. In all other cases, not to be given to children under 3 months without doctor's advice. Doses may be repeated every 4 hours up to a maximum of 4 doses in 24 hours. When prescribed for a baby weighing less than 4 kg, dose at 0.5ml/kg (12mg/kg) using an oral measuring syringe. Where a dilution is prescribed, the product may be diluted with an equal volume of boiled, then cooled water, to give a suspension of 12mg/ml (60mg/5ml) with a 14-day shelf-life. **Contra-indications:** (as above). **Precautions:** (as above). Each 5ml of suspension can provide up to 12Kcal and this should be taken into account when treating diabetic children. **Side-effects:** (as above). **Retail price:** 100ml, £2 29. **Marketing authorisation:** 0063/0021. **Supply classification:** Pharmacy Medicinal Product. **Holder of marketing authorisation:** (as above). **Date of Preparation:** (as above). **Bonjela Oral Pain-Relieving Gel.** Active Ingredients: Choline salicylate 8.7% w/w and cetalkonium chloride 0.01% w/w. Also contains ethanol and sodium cyclamate. **Indications:** For the relief of pain and discomfort of common mouth ulcers, cold sores, denture sore spots and infant teething. **Dosage:** Adults: Using a clean finger, massage approximately half an inch of the gel onto the sore area, not more than once every 3 hours. Children (from 4 months): Massage approximately one quarter inch of gel onto the sore area not more than once in every 3 hours. For children, not more than 6 doses in any 24-hour period. **Contra-indications:** Not to be used in infants under 4 months or in patients suffering from active peptic ulceration or known to be allergic to salicylates. **Precautions:** Preparations containing aspirin should not be given to children under 12 during Bonjela treatment. Salicylates are best avoided at term in pregnancy. Do not exceed the stated dose. If symptoms persist for more than 7 days consult your doctor or dentist. Keep out of the reach of children. Salicylates may enhance the effect of anticoagulants and inhibit the action of uncouplers. **Side-effects:** Salicylates may precipitate bronchospasm and induce asthma attacks in susceptible patients. **Retail price:** 15ml, £2 39. **Marketing authorisation:** 0107/5002. **Supply classification:** General Sales List. **Holder of marketing authorisation:** Lloyds Pharmaceuticals Limited (as above). **Date of Preparation:** (as above). Disprol Soluble Paracetamol Tablets, Disprol Paracetamol Suspension, Bonjela and the sword and circle symbol are trademarks.



# Diarrhoea and sickness: treatment

- Medicines may do more harm than good in babies – don't use
- Give extra fluids (little and often)
- Continue breast feeding but aim to feed more frequently
- Stop bottle feeds and replace with frequent clear fluids
- Use oral rehydration fluids such as Dioralyte or Rehidrat to replace salts and glucose (make sure mum knows exactly how to make these up)
- Bottle-fed babies should have half strength milk once symptoms subside, before returning to full strength milk
- Older children should eat only if they want to, with small bland portions at first
- Contact doctor if condition doesn't improve within 24 hours for a child under three, or if baby won't take fluids, or has a high temperature, or isn't passing urine

Continued from p8

Extra cuddles help, along with plenty of cooled boiled water drinks, and hard rusks for biting on. Teething gels (eg Bonjela, Rinstead, Dentinox, Woodwards' Dinneford's and Calgel) may help. Infant paracetamol will relieve pain so you could recommend Calpol or Dispol Paracetamol Suspension or Soluble Tablets. Mums should contact the doctor if babies are any more than a little unwell, in case the problem is due to something else.

As soon as the first tooth appears parents should be encouraged to brush babies' teeth twice a day with a low fluoride toothpaste. According to Colgate, dental decay appearing by three years of age is mostly attributed to dietary problems.

## Keep a clear head

Even the most beautiful baby may be afflicted with cradle cap. This appears as thick, crusty scales on the crown of the head, and is due to excess secretion of oil. Cradle cap is usually completely harmless, and disappears by itself after a few weeks. Massaging the baby's head with olive oil at night will loosen the crusts, which can be removed by shampooing in the morning.

Dentinox Cradle Cap Shampoo, or Capasal may be used. Another product, Pickles SCR is a cream-based product containing salicylic acid to help remove the crusts. Products should not be used on broken skin, and you should warn mothers not to pick the crusts off, as this can cause soreness and infection.

## Tummy troubles

Babies and young children may get upset tummies from time to time. Bringing up

small amounts of milk after a feed is normal for young babies (this is possetting). However, true vomiting in babies can be a problem. Frequent watery stools may indicate diarrhoea. This can be dangerous, particularly with vomiting as this may lead to dehydration. See the box above for advice.

## Cold comfort

Kids may catch half a dozen colds a year – the good news is that they do build up immunity as time goes by. Babies with blocked noses may have trouble feeding. Saline nose drops used just before a feed will help unblock the nose. Olbas Oil or Tixylix Inhalant Capsules can be used to relieve blocked noses in babies as young as three months.

Babies more than three months old who have a temperature with a cold can take paracetamol in the form of Calpol, Dispol or Medinol. Alternatively, those aged between one and 12 years can be given Junifen (ibuprofen). Doctors should see any baby or child with a temperature which doesn't respond to paracetamol, or if it is accompanied by earache or very swollen sore throats.

## Cut the croup

Croup sometimes occurs following a cold – this can be an alarming condition producing a harsh cough and wheezing breathing, caused by a swelling of the larynx. Moist air helps – from a boiled kettle, steam vaporiser, or from placing wet towels over radiators. The doctor should be called if the attack is severe and the child is struggling to breathe.

Coughs may follow on from colds or throat infections, and can be persistent. They may seem worse at night. Again, plenty of fluids help (hot drinks

help to loosen chesty coughs). Raising the child or baby's head may help – using extra pillows for older infants, or placing a pillow under the mattress for babies less than a year old.

Many cough mixtures are not recommended for children less than a year old. Expulin Decongestant Linctus for Babies and Children may be used from three months of age, as may Baby Meltus Linctus, Galphenol Paediatric, and Hill's Balsam Chesty Cough Liquid for Children. The Tixylix and benylin Children's ranges provides a selection of products for one year olds up. Look at the products in your pharmacy so you know which products may be given at different ages, and which suit different types of cough.

Parents must not smoke near their children as this will make coughs worse.

## Coughs

Refer customer to the doctor when coughs:

- last more than a week
- produce yellow or green phlegm or blood
- are associated with breathing difficulties.

## But, seriously ...

A couple of generations ago, illnesses such as measles, mumps, German measles and chickenpox were all part of growing up. Most of these are now preventable through vaccination.

Against this, other illnesses seem to have become more problematic, such as meningitis. This is caused by bacteria or viruses infecting the membrane surrounding the brain. Viral meningitis is more common, less dangerous and does not respond to antibiotics. Bacterial meningitis is less common but can kill. It needs urgent treatment with antibiotics, and anyone suspecting it should call a doctor or take the child straight to hospital. Symptoms include drowsiness, high temperature, high-pitched cry, and a refusal to feed. There may also be vomiting, severe headache, a dislike of bright light, stiffness of the neck, and red or purple spots.

Chickenpox still occurs and is unpleasant but not usually dangerous in young children. However, the virus stays in the body and may reappear later as shingles. The characteristic rash appears around 16 days after exposure to the virus which is spread by coughing and sneezing. The day before the rash, the child may seem unwell with a slight temperature. The small red spots develop within hours into blisters which may then form scabs. Calamine lotion may provide relief, and antihistamine syrup is useful, especially at night.

Lastly, remind customers to store medicines safely out of reach to prevent accidental poisoning.



Most childhood illnesses are not potentially serious



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**PRODUCT INFORMATION:** Soothelip For Cold Sores contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of infections caused by the herpes simplex virus, such as cold sores. **Dosage and Administration:** cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before taking Soothelip if, they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Product licence number:** 0142/0426 **Licence Holder:** Cox Pharmaceuticals Barnstaple, EX32 8NS **Sold and Distributed in the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA **Legal Category:** P **Date of preparation:** February 1997



# The milk of human kindness

**There's no dispute that breast milk is best for babies but there are times when a bottle is required. Sarah Purcell reports**

While the official 'Breast is best' message is well known by health professionals, and in recent years has been backed by several government initiatives to promote it further, it is taking much longer for this message to be translated into breastfeeding mums in this country. In fact, a third of women don't give their babies any breast milk at all, and just six weeks after birth only 40 per cent of women are breastfeeding their babies.

Britain's breastfeeding figures compare poorly with most other European countries. Scandinavian countries like Norway set the best example, with 95 per cent of mothers breastfeeding their babies from the start, and 80 per cent of them still doing so three months later.

The number of women who breastfeed initially hasn't changed much in recent years – in 1985, 64 per cent of mums breastfed initially, while in 1995, the figure was up slightly at 66 per cent.

## Influencing choice?

There are lots of factors which influence whether a mother breast or bottle feeds her baby. All the myths and old wives' tales that surround breastfeeding certainly don't help – many women perceive breastfeeding to be something that only a few women can do, when in fact almost every woman is physically able to breastfeed her baby.

Education and culture will



influence a woman's choice, as well as peer pressure. "Breastfeeding still isn't largely seen as socially acceptable in this country – breasts aren't regarded as being there for the purpose of feeding a baby," says Anne Vickers, midwife at MIDIRs, who writes the 'Informed Choice' leaflets for health professionals and women. Whether a woman was breastfed herself as a baby may also affect her choice on how to feed her own baby.

One of the most significant factors can be the attitude of the mother's partner – if he strongly approves of breastfeeding then she is 33 times more likely to choose

this method than if he doesn't approve.

Many women who wish to breastfeed complain that they are given too much conflicting advice by health professionals, particularly in hospital, which is when they may lack confidence.

Whether the mother continues to breastfeed depends on the support she receives. "Women now have much shorter stays in hospital after giving birth – the average first time mum only spends 2.6 days in hospital – so they don't get the continued support they need with breastfeeding in the early days," says Anne Vickers. To address this problem, the Royal College

of Midwives and the Health Visitors Association have organised a joint training of midwives and health visitors under the Invest in Breast initiative.

## Why breast is best

Most women know that breastfeeding is good for the baby, but not many will be able to tell you exactly why this is. "I think if women knew more about the health advantages of breastfeeding then more would be encouraged to try it," says Anne Vickers. "But really we need to be promoting these messages before women even get pregnant, since most will have already decided how they will feed their baby before then. We need to educate children in schools about the advantages to change the national trends." A recent survey found that just 6 per cent of women and 8 per cent of first time mothers hadn't yet decided on a feeding method before they gave birth.

### Points to consider include:

- breastfeeding passes on the mother's antibodies to the baby, which help protect it from disease and infection
- breastfeeding mums are protected against ovarian and breast cancer, plus hip fracture in later life
- babies who are breastfed for more than three months have a higher IQ than bottlefed babies. These effects last until the child is at least 10 years old.
- breastmilk is the perfect food for babies – it changes to suit the baby's needs from day to day. It's always at the right temperature and constantly available.
- while bottlefeeding mums talk about the convenience of this method, women who breastfeed never have to heat up milk, mix feeds or pacify a crying baby in the night while they get a feed ready. It's also free!
- where there is a family



history of allergy (eg eczema), breastfed babies are less likely to develop it than bottle-fed babies.

### What about bottles?

There are some women who either can't breastfeed or find it extremely difficult, such as women with inverted nipples. In a few cases women are not advised to breastfeed, for example if they have HIV or Hepatitis B, which could be passed on to the baby through breastmilk.

Babies born with a cleft palate or who are handicapped also find it much more difficult to breastfeed.

Women who are returning to work very soon after the birth often choose to bottle feed for convenience, although it is quite possible to combine breastfeeding with working, or to mix breast with bottle feeding.

#### Advantages:

- other people can feed the baby so you can share night feeds with your partner
- babies may go longer between feeds
- bottle feeding is more socially acceptable, so many women find it easier to feed the baby when they go out.

#### Disadvantages:

- However, there are some disadvantages to feeding babies with formula milks...
- bottle-fed babies are five times more likely to be admitted to hospital with diarrhoea and twice as likely to go into hospital with a chest infection
  - bottle-fed babies are twice as likely to suffer middle ear infection and five times more likely to develop a urine infection
  - if there is a family history of allergy such as eczema, a bottle-fed baby is twice as likely to develop it
  - premature babies who are bottlefed are 20 times more likely to suffer a condition called necrotising enterocolitis, where the blood supply is cut off to a piece of the gut
  - it's easy to make mistakes when making up formula – it can be too weak, too strong, or too hot
  - bottle-fed babies are more likely to be overweight at one year of age
  - washing and sterilising bottles, and making up feeds are extra work.

### Facts about formula

Whether initially or much later on, most babies receive some formula milk, so it's important for parents to know which formula they

should choose and how to make it up correctly.

While breastmilk will always be the ideal food for babies, formula milks have improved immeasurably in recent years and resemble breastmilk more closely than before. SMA introduced nucleotides to their infant formulas last year to help enhance the immune system in babies. Milupa were the first to include long chain polyunsaturated fatty acids into baby milks, and several others including Heinz (Farley's) have followed suit. These LCPs, found naturally in breast milk, are said to help development of the brain, eye and nervous tissue. Other recent innovations include the inclusion of beta-carotene, an anti-oxidant, to boost the immune system.

Infant formulas are divided into whey and casein-based products. Whey-based formulas resemble breast milk more closely and are usually recommended initially for babies. Casein-based formulas are given to 'hungrier' babies and may be given after the first couple of months if needed. However, if the baby is satisfied there is no reason to change his formula.

After six months you can switch to a follow-on milk, once the baby is on solids. These are casein-based and are higher in iron, vitamins A, C and D than cow's milk and contain more protein than infant formulas. Cow's milk is not recommended as a main drink until the baby is 12 months old.

New babies usually start with 4oz feeds about every four hours, although this will quickly increase. A good indicator that a baby hasn't had enough milk is crying at the end of a feed. By six months, the average baby is having four 8oz feeds a day.

Warm milk provides the ideal breeding ground for bacteria, so good hygiene is essential.

- All feeding equipment must be properly sterilised. Any feeding equipment used for milk should be sterilised until the baby is a year old.
- Never save unfinished bottles or reheat milk.
- Don't keep milk warm for more than 20 minutes before the feed.
- Don't use filtered water for making up feeds.
- Using a microwave to heat bottles can leave hot spots which may burn the baby's mouth.

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# Bright eyed and bushy tailed

*Our eyes are miracles of optical biotechnology but as Zita Thornton explains they need to be looked after carefully to last a lifetime*

Holidays may give the mind and body a rest but the eyes don't get a break. Swimming, the sun, pollen and long drives all take their toll. And back at work, staring at a computer screen, harsh lighting and air conditioning can all lead to tired and sore eyes.

Over 30 million people in the UK suffer from minor eye problems and many of them will come into the pharmacy for advice.

Although anyone can suffer, those more prone are likely to be people who spend long periods concentrating, at the wheel of a car, or at a VDU for instance, or those who spend time in environments full of smoke, dust or with air conditioning.

Contact lens wearers can have problems from wearing lenses too long or not cleaning them properly.

Fortunately, most common eye problems can be treated with OTC products but it is important to recognise any potentially serious problems which need to be referred to a doctor or optometrist.

## Common problems

### ● Allergic conjunctivitis

This is inflammation of the conjunctiva, the membrane which covers the whites of the eyeball and the inner eyelids. Symptoms are itchy, red and watery eyes. There may also be a white discharge. Nine out of ten hayfever sufferers will have these symptoms, caused by an allergy to pollen.

An effective treatment is to use eye drops which contain sodium cromoglycate (Clariteyes, Hay-Crom Hayfever Eye Drops or Optrex Hayfever Allergy Eye Drops), but remind customers that the effect is not always immediate and the drops may take a few days to work.

Other allergic irritants could be hairspray, animal



hairs, chlorine from swimming pools or an adverse reaction to contact lens solution.

### ● Red eye

Patients may come into the pharmacy with part or all of one eye very red and bloodshot. This will look very unsightly and you will need to reassure them that the problem is not serious.

Red eye is caused by the bursting of small blood vessels flooding the white part of the eye and can be caused by something as simple as a sneeze. Optrex Clear Eye, Eye Dew or Murine contain a vasoconstrictor called naphazoline which helps reduce the 'redness'.

### ● Tired eyes

Eyes that are red and irritated from over-tiredness or long concentration can be eased with a soothing eye wash containing witch hazel. Cold camomile tea bags or slices of cucumber are natural solutions which have been used for years and still work.

### ● Dry eyes

As we get older we produce less tears, causing dry eyes. This is also a symptom suffered by some women during the menopause, those working or living in air conditioned environments, and contact lens users.

Tear substitute solutions such as Gel Tears, Liquifilm Tears, Allergan Refresh, Optrex Dry Eye Therapy, Hypotears, Minims Artificial Tears, Viscotears Liquid Gel, Sno Tears and Tears Naturelle are all based on water-soluble polymers such as polyvinyl alcohol, and hypromellose.

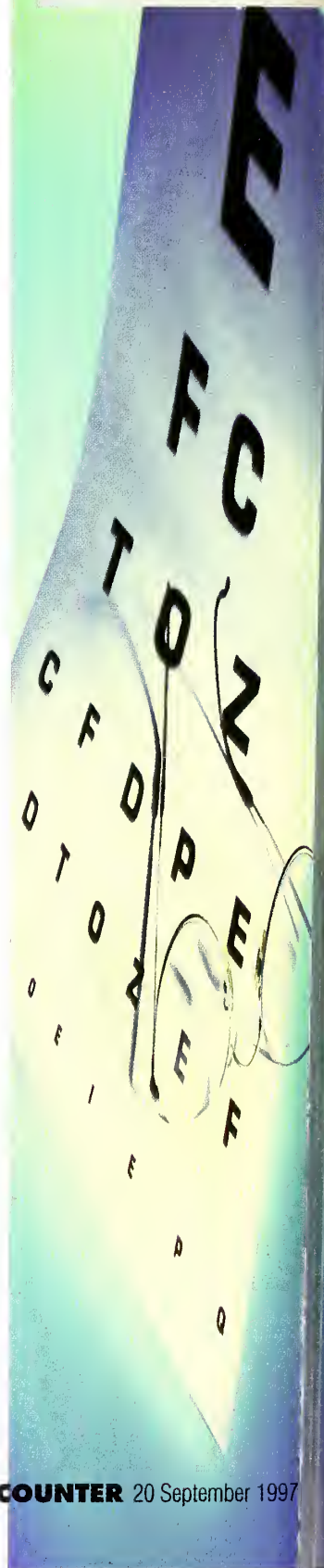
### ● Infections

Eye infections may be bacterial or viral in origin and are very contagious, so towels and flannels of sufferers should be kept apart from others. If any redness is accompanied by discharge or difficulty opening the eyes in the morning this suggests it is a bacterial infection. Anything other than a minor infection should be referred to the doctor. Viral infections of the eye, such as herpes, can have serious consequences and the patients should be referred to their GP.

### 1. Styes

Styes are infected abscesses which appear as a red, sore lump at the root of an eyelash. Applying warm compresses will lead to the release of pus which can be cleared away with an eye wash. Then an antibacterial eye ointment such as Golden Eye Ointment or Brolene can

Continued on p16 ►





# Any body can suffer from the discomfort of problem dry skin ...

Announcing the UK launch of Eucerin — a new range of dermatological skincare products, specially formulated to provide effective relief from problem dry skin.

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## Eucerin®

DERMATOLOGICAL SKINCARE

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... relieves the discomfort of problem dry skin



be applied until the styte is cleared.

## 2. Blepharitis

This is a common condition when the follicles of eyelashes become infected. The margins of the eyelids become red with flaking of skin and sometimes loss of eyelashes. Scales of skin should be removed by bathing with a saline solution and then applying an eye ointment as for styes. Treatment must continue even after the symptoms have disappeared to avoid the condition returning.

## 3. Infective conjunctivitis

When all the symptoms of allergic conjunctivitis are present along with crusty, sticky eyelids, the conjunctivitis is likely to be caused by a bacterial or viral infection. Contact lens wearers are especially at risk when their lenses become contaminated through bad cleaning or careless handling of the lenses.

Antibiotic treatment is usually called for, so sufferers should be referred to their GP.

## When to refer

Your role is also to advise patients when they should



Spectacles are the largest sector in the eye wear market



Lenses need careful handling to avoid contamination

seek help from a GP or eye specialist. This should be done in any of the following cases:

- where there is pain rather than just a dull ache or soreness
- where there is loss of vision or visual disturbance other than temporary blurring due to excessive watering
- if the symptoms keep recurring
- if the client has suffered a recent trauma to the eye or a head injury
- babies under the age of one.

## Foreign body removal

Members of the public often come into the pharmacy when they have got something in their eye.

Inspect the eye by gently pulling away the eyelids while the patient looks in the opposite direction.

Get them to blink rapidly to try and dislodge the particle. If this fails, use the corner of a clean folded tissue, or fill a clean eyebath with water. If the particle is stuck to the eyeball, or if there is pain and inflammation after removal, refer the patient to your local A & E department.

## Correct usage

Customers may be unfamiliar with the correct methods of using eye washes, lotions and drops, so your advice on the matter will be helpful.

## The good guide to eye care

- Early detection of major problems such as glaucoma, and cataracts is important, so have an eye test every two years. They can also indicate general health problems such as diabetes.
- Regular eye checks are even more important for children, teenagers and the elderly as their eyes change more quickly.
- Protect eyes from harmful UV light especially when in the sun, by water or snow, by wearing sunglasses. Choose a pair bearing the CE logo on the label which will show that they conform to European standards and offer 100 per cent UV absorption. Anything less could harm the eyes by causing the pupils to dilate whilst letting in some UV rays.
- Remember this when buying cheap sunglasses for children which do not offer adequate protection.
- Wear goggles when swimming or carrying out DIY tasks.
- Take breaks when driving or using the VDU and make sure there is suitable light for any sort of concentrated close work.
- Contact lens wearers should be scrupulous about cleanliness, making sure that lenses, cases and hands are cleaned correctly. Only use recommended cleaning solutions – no substitutes.
- If irritation does occur, don't rub the eyes as this will make the situation worse.

Make it clear that hygiene is all important. They should wash their hands before touching their eyes. If they are using swabs, a fresh one should be used for each eye. Eye baths should be clean and undamaged.

Lotions must be free of any debris and within their expiry date. Eye drops should be discarded three months after opening.

When using drops, make sure that the dropper is held away from the eye and does not touch the eye.

## Market news

Modern lifestyles combined with an ageing population are two factors which have been driving the growth in the eyewear market, says Euromonitor.

Spectacles are the largest sector in the eyewear market, ranging from 51 per cent of the total value sales in Italy and 63.2 per cent in the UK to 83.2 per cent in Germany. Contact lenses have their greatest share in the UK (29.1 per cent) and Japan (28.7 per cent) in 1996.

Increasing consumer awareness of the risks of UV radiation and licensing agreements with designer labels have combined to boost sunglasses sales. Demand in the UK increased by a third from 1992-96.



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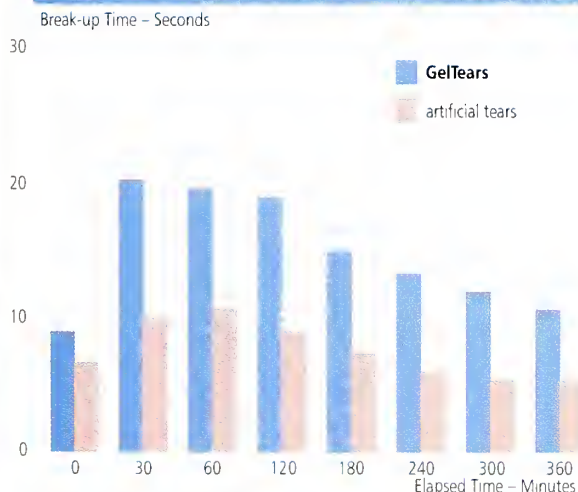
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**Presentation:** Clear, colourless gel containing 0.2% w/w Carbomer 940 with benzalkonium chloride 0.01% w/w as preservative. **Uses:** Substitution of tear fluid in the management of dry eye conditions and in unstable tear film.

**Dosage and Administration:** *Adults (including the elderly) and children:* One drop instilled into the conjunctival fold of each affected eye 3-4 times daily or as required, depending on the degree of discomfort. **Contra-indications:** Patients with known hypersensitivity to any component of the preparation.

**Special Warnings and Precautions for Use:** Contact lenses should be removed during treatment with GelTears. **Side Effects:** Corneal irritation may occur with prolonged use. Transient blurring of vision on instillation. **Drug Interactions:** No significant interactions have been reported. **Pregnancy & Lactation:** Safety for use in pregnancy and lactation has not been established. **Product Licence No.:** PL0033/0149. **Marketing Authorisation Holder:** Chauvin Pharmaceuticals Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8SL. **Basic NHS Price:** £2.90. **Legal Category:** P. **Date of Preparation:** August 1996.

**Reference:** 1. Marquardt R, Christ Th (1986). Corneal Contact Time of Artificial Tear Solutions *Klin. Mbl. Augenheilk.* **189** 254-257.  
2. Mencucci R. *et al* (1988). Dry Eye Syndrome; a New Eye Gel Treatment *Annali di Ottalmologia e clinica oculista.* **119** (12) 1313-1324  
3. MIMS, January 1997

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\*compared with alternative therapies<sup>3</sup>



From metallic gold to warm caramel, the new season's colours put summer pastels in the shade. **Anne Mullee** explores the options for autumn and winter

# Turning over a new leaf

Replacing your wardrobe of make-up colours for the winter season is much like packing away summer cottons and sheers and stocking up on lots of warmer, richer, more intense fabrics for the colder months.

This season the transparent layers of colour flaunted during the heat wave make way for a new palette of shades imbued with memories of the mid-eighties, a time of affluence, luxury, experimentation and glamour. Gone is the subtle 'is she wearing make-up' coyness beloved of the natural set. Enter no-nonsense cosmetics designed to be worn as ostentatiously as possible.

## The monochrome set

Black, white and grey are the touchstones of this season's cool looks, with white appearing in as many variations as a Dulux paint swatch card. For eyes, the classic Marilyn Monroe white-shadow-and-liner is passed over in favour of a dramatic abundance of smudged powder liner in the style of silent screen goddesses or a post-punky eighties slash of liquid liner extending beyond the eye socket to accent the shape of the eye.

Make-up artist Dina says: "Black or dark grey eyeliner is really big news, creating the strongest signature look for eyes. It's all about very bold shapes and worn with blunt ends instead of a fifties style flick at the end." For the more adventurous, Dina recommends mimicking the "big cat" eyeliner shown at Alexander McQueen, while more reticent types can try a softer line of powder liner below the eye softened with a blending sponge.

With eye shadow the possibilities depend on one's daring. For the faint hearted Dina recommends a pearlised white or grey powder to off-set the liner on



the eye socket, while those keen to go with the fashion flow can opt for the shiny look – mix a little powder shadow with Vaseline or cleanser to create the oily sheen seen on the catwalks.

**Try for eyes:** Givenchy Eyeshadow Prism Couture Duo in Faille No. 66 (£17.75), L'Oréal Paris Superliner in Black (£5.49), Yardley Perfect Colour Eyeshadow in White (£3.50), Helena Rubinstein Colour Fusion Mono Eye Effects in Innocent White (£13.50).

## Metallic magic

"With all the metallic colours the only rule is that there are no rules," says make-up artist Angela Chung. As many of the metallics out for autumn come in a variety of textures from cream to gloss, she recommends using your fingers as the best application tool for eyes, cheeks and lips.

The beauty of metallics is their versatility. The look can be light and sheeny or strong and dramatic according to the occasion, and for party looks you can even add sparkle to your hair with two new make-up tools. Christian Dior's Mascara Flash Highlights For Hair (£13) and Lancôme's Lumi-Hair Make-Up For Hair (£12.50) offer a variety of startling shades which can be applied in subtle streaks and washed away the next day.

For eyes and lips the top two shades in Dina's autumn palette are this season's antique green gold and grape. She suggests wearing a little gold smudged onto eyes or lips – just one or the other – or for a clean look try a little grape gloss or lipstick on the lips with just a touch of mascara and a little powder.

A wonderfully warm glow is the promise of top make-up artist Mary Greenwell, the new Creative consultant with Elizabeth Arden.

Yves Saint Laurent





### The return of red

It's been present on every dressing table throughout the land for decades and cosmetics companies sell more of this colour than any other. It's red lipstick, back in the spotlight for autumn and the shade that should be on everybody's lips. This time the red in question is a cool blue-toned red, beloved of icy glamour-pusses and just about every screen diva in history. Our pick of reds:

- L'Oréal Paris Colour Endure Stay-On Lipcolour in Ruby Ruby (£5.79)
- Christian Dior Rouge Accent No. 858 (£14)
- Oil of Ulay Lip Definer in Perfect Red
- Helena Rubinstein Lip Gloss in Red Devil (£11)

"Cheek Lustre is an incredibly thick and intense cream blusher, with the consistency of pure molten bronze, which also doubles up as a creamy eye shadow. It requires the golden rule 'less is more' – blend quickly with your fingers on the lids and then with fingers and sponge on the cheeks. It creates a wonderfully lush velvety effect with a rich warm glow."

#### Try for lips and eyes:

Helena Rubinstein Loose Eye Colour in Mystic Gold (£11), Lancôme Ombre Subtile Duo in Alliage Bronze (£16), Revlon Superlustrous Lipstick in Granite (£7.25), Yves Saint Laurent Laque Eclat Levre lip gloss in Shimmering Mauve (£12.50), Borghese Essenziali Lanina Lipstick in Autunno Berry (£11).

### Au naturale

Natural used to mean 'barely-there' faded tones of brown with little or no colour to define the features. In short, only those blessed with flawless skin could feel

free to indulge. For those of us with the usual complexions – too pink, too pale, whatever our complaint – the new natural is a welcome return to wearable, pretty colours designed to lift the spirits during the colder months.

Browns and pinks have an underlying hue of warmth, resulting in coral and rose hues or ochre and pale beige. Dina says: "The look is predominantly natural around the eyes with no

mascara, rosy cheeks, pearly lips and lightly brushed eyebrows." As the tones are mostly semi-transparent there is little danger of overloading on colour, but the trick is to stay within the same tone zones. Wear beige on the eyes with a dab of coral pink on the cheeks and lips or try caramel coloured lips with a hint of

warmth splashed across the brow bone. For a touch of dewiness Dina recommends a shimmering powder like Lancôme's Poudre Superbe in Argenté or Doré.

#### Try for lips and eyes:

L'Oréal Colour Endure Lipcolour in Add Paprika (£5.79), Christian Dior 5 Colour Eyeshadow Compact in Beige Singulier (£29).

Collage created by Tony Lamb



### Sculpting and contouring

Perfect chiselled cheek bones are usually the mainstay of the professional – one slip of the brush and you could be re-visiting the Dynasty years. It doesn't have to be impossible, though. Make-up artist Dina takes us through the steps to razor-sharp cheeks.

- Using a one inch full bristled blusher brush, apply a little tawny toned blusher to the apples of the cheeks, blending well

- Take an angled contouring brush and take up a little powder, choosing a tone in the same colour field as the other blusher but one to two shades darker.

- Suck your cheeks in and apply this colour along under the cheek bone towards the temples

- Blend with a clean brush, then lightly dust over some translucent powder



What do the Spice Girls, Liz Hurley, Lorraine Kelly and Emma Forbes have in common? They all take Bach Flower Remedies for a variety of reasons, ranging from fear of flying to coping with stage fright and nightmare schedules. **Adrienne de Mont** explores this particular form of complementary therapy



# Get flowered up!

As with many other complementary therapies, no-one knows exactly how Bach Flower Remedies work. But they have been used successfully for over 60 years. Although made from plants, they are not herbal remedies, nor do they have anything to do with aromatherapy. They are licensed as homoeopathic medicines because they are so dilute that they contain almost no active ingredients. And, like homoeopathic medicines, they are believed in some way to stimulate the body's own ability to heal itself.

Although they contain so little active ingredient, they seem to have more than just a placebo effect, as children and animals can benefit. Rescue Remedy is even said to help plants recover after being re-potted!

## Going back in time

Bach Flower Remedies were created in the 1930s by Dr Edward Bach who, being British, pronounced his

name 'Batch'. A Harley Street doctor, he became involved in homoeopathy but wanted to take it further. Homoeopathy is a complex subject which addresses mental as well as physical symptoms, whereas Dr Bach believed that good health ultimately depends on overcoming negative feelings and achieving the right emotional balance.

These days most doctors appreciate that your mental attitude can affect your health and ability to recover from illness; Dr Bach's philosophy that 'a healthy mind ensures a healthy body' was ahead of its time.

He also believed that people react differently to the same illness so should be treated differently. We all know those who moan at the slightest discomfort while others refuse to let the most appalling diseases get them down.

Dr Bach identified seven major emotions that people experience – fear, loneliness, insufficient interest in

present circumstances (eg lack of energy, living in the past), despondency or despair, uncertainty, oversensitivity (eg jealousy), and over-care for the welfare of others (which includes being selfishly possessive and domineering).

He divided these groups further into 38 negative states and set about finding a plant or flower based remedy to treat them. He seemed to have an instinctive feeling for which flowers might have the right properties and he gave up a lucrative Harley Street career to travel in search of them.

Two years before he died, he settled in Mount Vernon, a cottage in the tranquil Oxfordshire village of Sotwell where the Dr Bach Centre remains today. He chose the cottage because of its peaceful setting and because it was surrounded by wild flowers which, although he was unaware of this at the time, held the secret of the remaining 19

remedies he had still to discover.

Dr Bach carried out much of his research on himself and his friends. He had a troubled life. Stricken with cancer at the age of 30, he was given three months to live. But he survived for another 20 years and was convinced that his determination to complete his work led to his recovery. He used his own suffering – both mental and physical – to test the effects of his remedies on negative feelings.

## At present

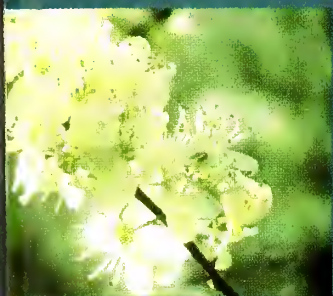
When Dr Bach died in 1936, his successors carried on his work using exactly the same methods and standards he had developed. Today the mother tinctures, from which the remedies are made, are still prepared from flowers grown in the small cottage garden at Mount Vernon.

Judy Howard, whose father worked with one of Dr Bach's successors, is a trustee and consultant at





**Dr Edward Bach**



**Cherry plum**



**Willow**



**Iris**



**Black water sotwell**

Mount Vernon.

"It's our responsibility, as appointed successors and under the terms of a trust set up in the 1950s, to maintain the purity and simplicity of his work," she says. "We would never cultivate the flowers on a large scale. Only wild plants, growing where they choose to grow, should be used. So we continue to collect and prepare them by hand, either from plants growing wild in the garden or other selected locations, just as Dr Bach did when he was here."

Despite the increasing demand for Bach remedies, the Centre can still produce enough tinctures. A little goes a long way – one litre of mother tincture produces 50,000 standard bottles of finished product.

However, by the late 1980s the Centre could no longer cope with the bottling and strict medicines manufacturing regulations, so in 1991 Nelson's took responsibility for this aspect of the business at purpose-built premises in Abingdon. Dr Bach was originally involved with the company in the 1930s, when he supplied his tinctures to Nelson's Homoeopathic Pharmacy in London's Duke Street.

### Making mothers

The mother tinctures are made in two ways – the sun method or the boiling method. In the former, the flowers are placed in a bowl of pure spring water and left to infuse in the sun for three hours. Dr Bach believed that the warmth transferred some sort of energy from the plant to the water. The flowers are then thrown away and the remaining liquid preserved in brandy.

The three hours' sunlight is crucial so, if the sun goes in, the mixture must be abandoned. Another problem is that some plants flower for only a couple of days a year.

"We were getting a bit worried in June, when it rained for weeks on end!" says Judy.

The boiling method is used mainly for remedies obtained from trees. The flowers, twigs and leaves are boiled in pure spring water then the plant material removed. The cooled water is preserved in brandy to form the mother tincture.

The mother tinctures are diluted with a grape alcohol solution to produce the Bach Flower Remedy.

### In practice

Bach Flower Remedies do not claim to cure diseases or symptoms but they can be used with conventional medicines to tackle the emotional causes or reactions to illness. "We have to consider personality and how a problem affects someone emotionally," says Judy. "Those with skin complaints such as eczema may be embarrassed and want to hide away because they think they look horrible. This in turn can make the problem worse. In this case we would recommend Crab Apple which is a remedy for people who feel there is something unpleasant about themselves."

Similarly, a peptic ulcer needs to be treated with conventional medicines, but a flower remedy may help reduce the anxiety which can aggravate symptoms.

"There has never been anyone whose state of mind we couldn't address," says Judy. "The remedies are for human nature and, although there are different cultures and different problems throughout the world, human nature is the same."

Free from side effects, the remedies do not react with conventional medicines or other homoeopathic remedies and, unlike the latter, can be taken at the same time as food and drink. They are used regularly until relief is obtained, which can happen immediately or after a couple of weeks if the right remedy has been chosen. If there is no effect, the person may need to rethink how he or she is feeling. For example, there are several different types of anger. You may feel angry because you are frustrated, or because you want to seek revenge on someone. According to Dr Bach's approach, all these states would need a different remedy.

Although this may sound complicated, Bach Flower Remedies are designed for self treatment as well as for use by specialist doctors and other trained practitioners. It is often difficult to confess one's negative feelings to someone else and people may prefer to match their own mood with an appropriate remedy, particularly as they may think "it's not worth bothering the doctor".

### National preferences

The remedies are used in 66 countries and it is interesting that the most popular ones

vary according to national personality traits.

The Japanese, who are not supposed to show emotion, go for Agrimony, which is for people whose cheerful exterior covers an inner turmoil. Walnut, which is intended to help with major life changes such as divorce, is popular in the US. And Olive, for lack of energy, is a favourite with the British who are always tired!

Most people in the UK start with the Rescue Remedy, which is also the most widely used, and then move on to other preparations as they become more knowledgeable. The Rescue Remedy contains five ingredients aimed to help with stressful, emergency situations such as taking exams. The other remedies contain only one ingredient.

### Further information

Pharmacy staff can obtain background information from either Nelson's or the Bach Centre. Nelson's will be holding training evenings for retailers throughout the UK this autumn.

The Bach Centre offers advice and an education service, including the training and registration of practitioners. A seminar and workshop programme is run in conjunction with Nelson's. The Centre is open to the public from Monday to Friday, 10am-3pm (except public holidays).

There are 360 registered practitioners in the UK and a further 140 or so train every year at Mount Vernon. They charge £15-20 an hour and a list is available from the Centre on 01491 834678. Practitioners have to abide by a strict code of practice and must not attempt to diagnose, treat or prescribe for medical conditions.

You, too, should consider this when you're advising customers on Bach Flower Remedies. As always, you should know when to refer to the pharmacist or doctor. For example, a person who is feeling generally run down or experiencing problems with daily life, may benefit from the remedies. But someone who has lost interest in life, feels miserable most of the time and has difficulty sleeping, may be suffering from clinical depression which requires medical treatment. So if you're not sure, or if there are other physical symptoms that may need treating, ask your pharmacist.



# ENTroducing ear nose and th

*Jeremy Clitherow MBE FRPharmS, a community pharmacist based in Knotty Ash, Liverpool takes a look into our ears, up our nose and down our throats*

The ears nose and throat have important functions, allowing us to hear, balance, breathe, smell, taste and eat. As open orifices they are susceptible to infections and trauma.

The community pharmacy is usually the first stop for ENT complaints such as sore throats, blocked noses and painful ears. Our job is to be armed with sufficient knowledge to give advice, recommend OTC products when appropriate and, most importantly of all, to know when to refer the patient to the doctor.

## ENT structure and functions

The basic and external structures of the ear, nose and throat are well known by most of our customers before they come into the pharmacy, but the mechanics of how they work and interdepend on each other remain a mystery to many of them.

The ears and the nose are sensory organs. We use them to hear and to smell. Our ancestors used them as defence mechanisms to warn of danger, just as animals do now but they also have other valuable functions.

The primary function of the ear is hearing, the secondary one is balance. The primary function of the nose is not so easy to define or separate. The senses of smell and taste rely on the nose. Remember the last cold you caught and your immediate loss of taste – food tasted like cardboard.

The nose is also the main external organ of respiration. In normal health, we breathe in and out through our noses using our muco-cilliary system as a filtration mechanism. Invading air borne particles are caught and trapped by the mucus and fine hairs in our nasal passages and prevented from passing down into the lungs.

The throat is a fascinating and complex piece of mechanical engineering. It combines the two functions of respiration and feeding but separates them very effectively. A trap-door,

called the epiglottis covers the oesophagus (food tube) when air is being taken into the lungs, and then flips over to cover the larynx (airway) when food is being eaten. It's probably quite a long time since you can remember a 'separation malfunction', more commonly described as 'food going down the wrong way'. This happens when food destined to travel down the oesophagus to the stomach

attempts to enter the larynx. You experience a choking sensation and try and cough up the offending morsel.

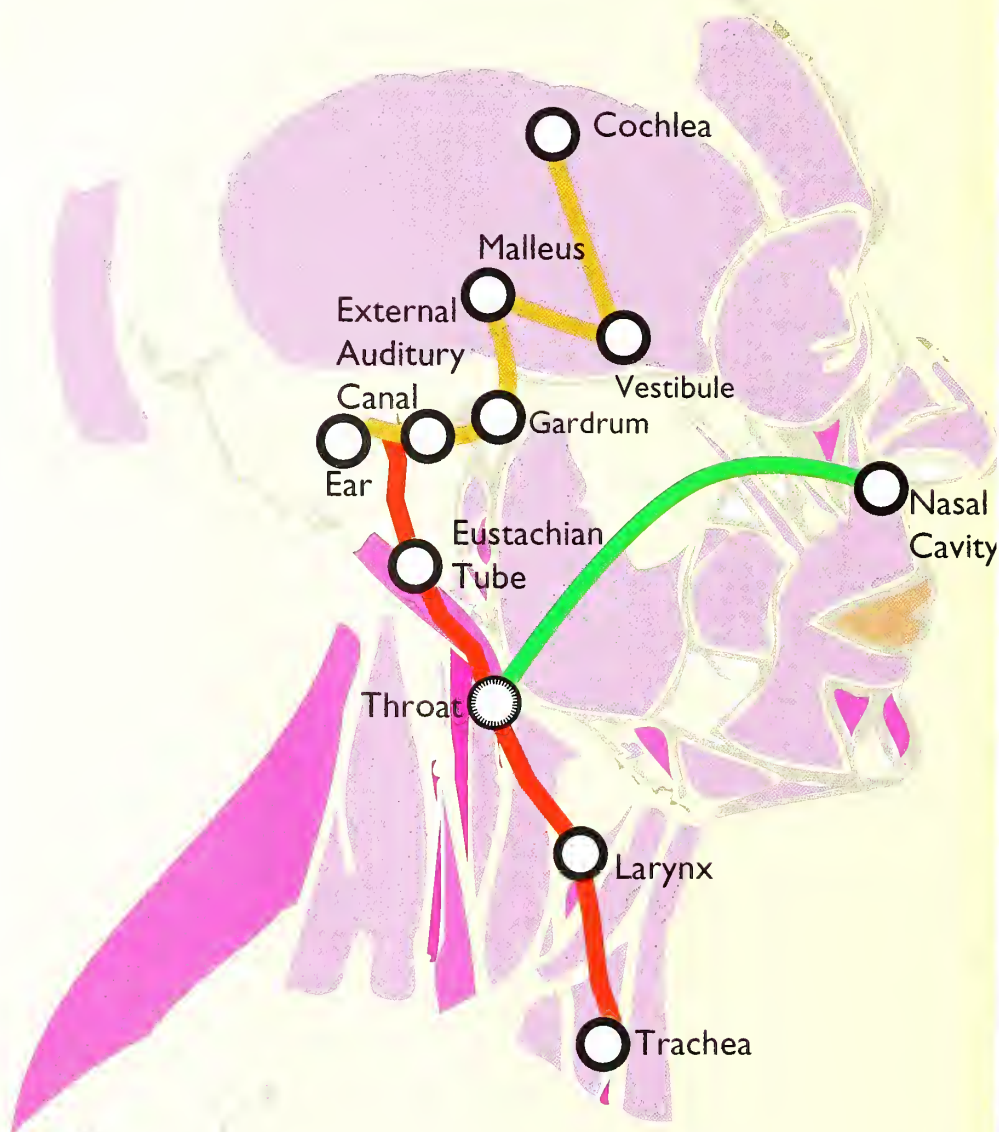
## ENT problems

You have only to look at your sales in the pharmacy to see where the customers' greatest problems lie. Sales statistics show that analgesics and cold remedies have the largest market share in most pharmacies, therefore aches,

pains, colds and coughs will be your target symptoms. So far so good, but what about the hidden dangers which could be lurking behind those apparently trivial symptoms?

## Ears

Starting with the ear, there is a succinct piece of advice, which once heard is never forgotten. Called Porter's rule (after TV personality Dr Mark Porter) it states that





# oat problems

you should never place anything smaller than your elbow in your ear. He's right! Poking around with paperclips, safety pins and biro's is likely to do far more harm than good. Leave it to the doctor.

● **Excess ear wax** is easily treated with softening drops and routine washing, certainly not with hairgrips and cotton buds. This form of DIY surgery carries the very real risk of 'plugging' the wax, introducing infection or, worse still, perforating the delicate membrane of the eardrum. Ear wax is a self-protection mechanism, preventing micro-organisms from entering the ear and it is continuously being moved toward the outer ear where it can be easily removed – so it's unnecessary to dig around in the depths of your ear.

● **Temporary deafness** is usually caused by blockage of the Eustachian tubes. During the routine course of a cold, we produce copious and excessive quantities of mucus from the nose. The majority of this is swallowed and goes harmlessly into the stomach. However, quite often, the Eustachian tubes, whose functions are to equalise the air pressure on either side of the eardrums, become blocked by a plug of this mucus. As a result the eardrum loses its efficiency as a sounding board and does not transmit the sound vibrations via the internal workings to the brain. We go deaf.

Obviously, ear drops would do no good here, because the blockage is on the other side of the drum! A decongestant to shrink or liquefy the plug of mucus, is the answer. Look along your shelves for suitable products such as Dimotapp LA, Dristan Spray or Tablets, or Sudafed Elixir or Tablets. Repeated high velocity nose blowing is certainly not recommended either.

Do not dismiss old fashioned inhalations. In truth, it is the steam which does the trick, but that's another story. Prolonging playtime in a steamy bathroom is one way of persuading children to use inhalation therapy.

While we are on the subject of temporary deafness, there is one other

cause which is more common in youngsters than adults. Have a quick look at the ear. You would be surprised just how often peas, beans or rubbers all seem to find their way into youngsters' ears. No-one knows how they get there...

● **Inner ear infections** are often acutely painful and can cause permanent deafness if not managed professionally. The recognised treatment for inner ear infections is oral antibiotics combined with analgesics. Antibiotic ear drops are no longer recommended unless under specialist supervision. Boils in the ear are also treated with antibiotics. Refer inner ear infections to the doctor every time.

● **External ear problems** such as otitis externa are inflammatory in nature and usually due to bacterial infection, although a fungal infection may also be responsible. It is generally eczematous and symptoms include itching and scaling and in some cases a discharge. The ear needs to be cleaned thoroughly and the patient's doctor will usually have initiated the regimen which may include a topical corticosteroid or an antibacterial or antifungal agent if necessary. Otitis externa is often known as swimmers ear because it is a particular problem for professional swimmers. Water in the ear leads to a breakdown of the waxy protective coat making it easier for microbes to invade the ear.

## Noses

● **Sinusitis** is an inflammation of the sinuses, the bony cavities in the skull. It can be one sided or bilateral, and acute or chronic. The pain in an acute attack can be quite severe.

The cause is usually an infection which can be traced back to a recent throat or chest infection. While the first infection would probably have been viral, the secondary one is more likely to be bacterial. In this case antibiotics may be prescribed. The patient will complain of nasal blockage, a loss of sense of

Continued on p24 ►

## PRODUCT PROFILE

# Cerumol

## Licence Status

Prescription and over the counter.

## What is it used for?

Cerumol is the ideal treatment for hearing problems due to the build up of ear wax. Although it was developed over forty years ago, **it is still the most widely recommended ear wax treatment by GPs.**

## What are the most active ingredients?

Paradichlorobenzene (2gm per 100ml), Chlorobutol B.P. (5gm per 100ml) and Arachis Oil B.P. (57gm per 100ml).



## How does it work?

Cerumol is effective because of its unique oil based formula. Once applied, the oil penetrates in between the wax and the ear canal, gently softening and loosening the wax. This means that it is particularly effective when used to treat hard wax plugs which cannot be easily dissolved or broken down. Another benefit is that treatment with Cerumol can often make syringing unnecessary.

## How is it applied?

It should be applied by putting five drops in the affected ear, then placing a cotton wool plug, moistened with Cerumol, in the ear to retain the drops. The cotton wool can be removed after one hour. If necessary this can be repeated two or three times a day. If the hearing loss or discomfort remains, a doctor should be consulted.

## Any special precautions?

If the ear is already inflamed, or if the ear drum is perforated, Cerumol should not be used. The product must be used within six months of opening and is for external use only.

## How much does it cost?

£2.37 (Retail)

Further information is available from  
**Laboratories for Applied Biology Ltd**  
91, Amhurst Park, London N16 5DR. Telephone 0181 800 2257  
Cerumol® is a registered trade mark

An OTC Promotion



smell and a feeling of heaviness, verging on pain, in the region of the sinuses.

The most common variant is maxillary sinusitis where the discomfort is around and behind the nose, and the cheeks. Chronic sinusitis is usually bilateral and is characterised by thick catarrh. Indeed that is often the reason the customer comes to you anyway. Antibiotics are of little use here because not all the parts of the cycle of this disease are infected.

● **Rhinitis** is an inflammation of the lining of the nasal passages. There are two classes: seasonal rhinitis and perennial rhinitis

**Seasonal rhinitis** is better known as hay fever. This is a misnomer because it is not a fever or caused by hay. The mechanism is that a specific allergen such as grass pollen triggers a histamine response in the nose and eyes. The patient will self diagnose – 'it happens this time every year' and probably rely on antihistamines.

The older generation antihistamines such as promethazine and chlorpheniramine (Haymine, Phenergan, Piriton Allergy Tablets, Piriton Syrup) block the histamine response but they do interact with alcohol and tend to produce drowsiness. The new generation antihistamines such as terfenadine (Triludan, Terfenor, Aller-eze Clear), astemizole (Hismanal, Pollon-Eze), cetirizine (Zirtek) and loratidine (Claritin Allergy) do not cross the blood-brain barrier and so do not have those unwanted side effects.

Terfenadine, now only available on prescription (see News page 4), and astemizole are also contraindicated, particularly if taken in high doses, for patients with heart and liver disease or while taking the antibiotic erythromycin or the imidazole antifungals. **Perennial rhinitis** produces symptoms all through the year. In this disease the allergen is likely to be house dust mite, animal dander or feathers, or a combination of all or some of them.

Topical steroids in the form of nasal sprays and drops are being seen as the modern scientific way to treat these conditions. Becanase Hayfever has overcome the problem of non-compliance brought about by the



**Say aaaaaah! Sore throats tend to be 'viral' in origin**

traditional musty smell of these steroids by a simple reformulation. Rhone-Poulenc Rorer has solved the problem of drops running down the nose, by thickening the solution of Nasocort, a POM product!

Topical cromoglycate eye drops (eg Clariteyes, Haycrom Hayfever Eye Drops, Opticrom Allergy Eye Drops and Optrex Hayfever Allergy Eye Drops) prevent the itchy red eye effect, but need to be applied frequently. Another new drop formulation is effective for up to 12 hours but this is a two-edged sword. It will be good for the patient, in that he has only to buy one pack for home-use, but it means that you won't be able to sell him one for home and one for the office!

● **Nose bleeds** are quite common in our younger years, and again as we become elderly. Routine horseplay at school often results in a bleeding nose which usually stops as quickly as it started.

If you need to, the best method to stop the bleeding is to sit the patient down with his head bent slightly

forward and tell him to pinch his nostrils gently closed. After three minutes or so the blood will have clotted and the problem is over. Tell him to avoid blowing his nose for a while or you will be back where you started.

Similarly, do not let the patient lie down on his back or hold his head back. The blood will run down the back of his throat and you will have to clear up the shop after he has been sick...

#### ● **Throats**

The throat starts at the back of the mouth with the pharynx, which then develops into the larynx and onward down into the trachea, the airway. Any persistent change in the voice or difficulty in swallowing must be taken seriously and prompt an immediate referral. Do not forget foreign bodies either. If you don't ask, you will never know and if you don't look, you will never see.

**Sore throats** tend to be 'viral' and yet all the customers want antibiotics for them. It is not just illogical. It also means that we are using up our armoury

inappropriately and far too soon. Put in simple terms, today's bugs are getting used to our antibiotics. So what should we recommend? It all depends on what caused the sore throat in the first place.

● **Tonsillitis** is very common in children. The tonsils appear bright red and swollen. Sometimes you can actually see the septic spots, but only if you look! The patient will have a temperature because of the infection and he will be ill.

● **Quinsy** is the household term for the condition where there is an abscess in the tissue around the tonsil, rather than on it. This is a serious condition and must be referred immediately.

A few well placed questions will usually reveal the root cause of the problem. 'There was a karaoke at the club last night', or 'he snores like a ....', or 'the whole family is getting over the 'flu'. So, what do we recommend?

First and foremost, don't forget the analgesics. The soluble ones are best if the patient is having trouble swallowing – be careful, that could be something more sinister! If not, then advise a gentle gargle and swallow with the dissolved analgesic.

Which of the following soluble analgesics does your shop stock and what is their main active ingredient? Aspro Clear, Codis 500, Disprin, Nurofen Micro-Granules, Panadol Soluble, Paraclear, Paracodol Soluble, and Solpadeine Soluble.

Anaesthetic throat sprays such as AAA Mouth & Throat Spray and Strepsils Direct Action Spray work almost immediately but do not last as long as analgesics. There is also a risk of sensitisation. Difflam Sore Throat Rinse, an anti-inflammatory and anaesthetic mouthwash is receiving good reports from the patients. Gargling with a liquid antiseptic such as TCP has also stood the test of time. But the best selling remedy of all time is still the anaesthetic throat lozenge such as Mercocaine, Bradasol Plus, Strepsils Dual Action or Dequacaine.

ENT problems are usually uncomfortable but easily resolved. However, as with any ailment if there are other warning signs such as pain on swallowing or a high temperature, if the patient is a child or if the condition persists despite treatment, send them along to their GP.



# Feel confident in recommending Gaviscon Advance

You are probably all familiar with Gaviscon, which is Britain's leading pharmacy heartburn remedy – the one most recommended by pharmacists and most often prescribed by doctors. Well, now there's an even better, new improved version, called Gaviscon Advance, that is available on prescription (in a 500ml bottle) and over the counter (in a 140ml cartoned bottle) only from pharmacies.

## How is it different?

Gaviscon Advance, like Gaviscon, rapidly soothes the burning sensation of heartburn and then forms a protective layer over the stomach contents to prevent acid escaping into the foodpipe. With Gaviscon Advance, however, this protective layer or barrier is stronger and lasts longer than ever compared to the original product.

In addition, Gaviscon Advance's different formulation means the patient need only take half the dose of original Gaviscon. Gaviscon Advance is a pharmacy medicinal product and therefore should be positioned behind the pharmacy counter for your recommendation, leaving Gaviscon on the pharmacy self-select counter for consumers to select for themselves.

## Confidence in recommendation

Gaviscon Advance has been clinically proven to deliver effective relief in 84 per cent of heartburn sufferers, yet retains a similar enviable safety profile to original Gaviscon. And those who've tried it agree that its aniseed flavour tastes even better, too; which explains why in a recent study 92 per cent of Gaviscon Advance users were 'satisfied' with the product, and two-thirds 'very satisfied'. So you should feel confident in recommending Gaviscon Advance as your new, first-line recommendation to all heartburn sufferers.



## What is heartburn?

Heartburn, also referred to as acid reflux or simply reflux, is a burning sensation caused by a relaxing of the valve at the top of the stomach. When this valve relaxes, a little bit of digestive acid escapes into the wrong place – the gullet – causing that familiar heartburn sensation.

## What causes heartburn?

There are a number of reasons why people experience heartburn – many linked to diet and lifestyle. Certain foods are recognised as causing heartburn – rich sauces, spicy foods and pickles are all known triggers. Not leaving enough time for food to digest is another common cause.

## So next time ...

When the next customer comes into your pharmacy complaining of heartburn, recommend Gaviscon Advance, the new improved version of Britain's most popular remedy.

## Competition

Reckitt & Colman, the maker of Gaviscon Advance, is offering you the chance to win an electronic personal organiser.

For a chance to win one of three electronic personal organisers simply tick the boxes of the correct answers to the following questions on the coupon, cut it out and send it to Gaviscon Advance/OTC Competition, Miller Freeman, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Entries to arrive by Wednesday, October 1, 1997.

**1 Gaviscon Advance forms a stronger, longer-lasting barrier compared to Gaviscon**

a) True ☐ b) False ☐

**2 What is the dosage of new Gaviscon Advance?**

a) 10ml-20ml ☐ b) 5ml-10ml ☐

**3 Where should Gaviscon Advance be positioned in the pharmacy?**

a) Behind the counter ☐ b) In the pharmacy self-select area ☐

Name.....

Address.....

Pharmacy Tel No.....

## Rules

**1** Entry is open to pharmacy assistants only. **2** Entry is not open to employees of Reckitt & Colman, Miller Freeman, their families or the companies' agents. **3** The closing date for the competition is October 1, 1997. Entries received after the closing date will not be accepted. **4** The winners will be drawn from correct entries on October 8, 1997. **5** Once the winners have been announced, no correspondence will be entered into. **6** No cash alternative will be offered.

## Gaviscon Advance Essential Information

**Gaviscon Advance Active Ingredients:** sodium alginate BP 1,000mg and potassium bicarbonate USP 200mg per 10ml dose. **Indications:** Gastric reflux, reflux oesophagitis, heartburn, including heartburn of pregnancy, hiatus hernia, flatulence associated with gastric reflux. All cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage instructions:** Adults and children over 12: 5-10ml after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. **Side-effects:** Very rare hypersensitivity reactions. **Retail price:** 140ml, £3.90. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product. **Holder of Marketing Authorisation:** Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product. **Holder of Marketing Authorisation:** Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS. **References:** 1, 2. Data on file, Reckitt & Colman Products Ltd.



# Making the most of people

**Highly-motivated, capable staff are key to a successful pharmacy business. To make the most of this valuable resource Diane Bailey explains why and how you should make them feel valuable, empowered, competent and secure**

At work, at home and at play the one thing we all share is contact and relationships with people. Some we love, some we loathe and to some we are indifferent. The latter are probably the only ones to cause us no problems. The others can give us great pleasure and great grief – as we do to them.

Human relationships are complex and demanding, but can also be rewarding. What can you do in your pharmacy to ensure your relationships with colleagues and others are effective and productive, and conflict and irritation are minimised? Good working relationships and knowing how to make the most of people will help you in a number of ways:

- good relationships mean pleasant working conditions and less stress for you and your colleagues

- people who feel happy at work are motivated to work well and co-operatively, which is good for them, you and your customers

- problems get solved much more easily or spotted before they occur

- people work as a team instead of as individuals.

## What can you do?

Research has shown, in both the UK and the US, that people who have high self-esteem are more likely to be effective and successful than those who do not.

People with high self-esteem tend to appreciate that they have something of value to offer, they feel and are competent, they are secure and they also feel connected to or part of the group with which they work. People with low self-esteem often feel they have nothing to offer, or they feel uneasy and separate from the team or group.

You may wonder what you can do to affect the self-esteem of your colleagues, or that of your family and friends. Other research has shown that one of the most



common problems in all sorts of organisations is that people, at all levels, do not get enough, or in some cases any, positive feedback about what they do. So often good performance is taken for granted, while poor performance is jumped on.

## Positive feedback

How people feel about themselves depends very much on the feedback they get in terms of both words and behaviour. What you can do is to find ways of building the self-esteem of your colleagues. Find ways to make people feel:

- valuable and that they make a unique contribution

- competent/appreciated
- secure
- empowered
- part of the group.

## Feeling valuable

You want to create a situation where you can help colleagues, and help the pharmacist understand and realise that they make a valuable and unique contribution to the work and success of the pharmacy. People who feel like this know they are useful and feel that they deserve praise.

When was the last time you said 'Well done' or 'You handled that well' or some such comment to a colleague? If a number of

you work at the same pharmacy, the chances are that each has different strengths, one will be good with customers, another a computer wizard, someone else will create lovely displays and another will be great at stocktaking and administration. Every contribution is valuable and needed. Let people see you appreciate what they do.

One way to damage people's self-esteem is to treat them as if they are interchangeable. Another is to ignore, discuss or, worse still, take credit for their ideas. An earlier article talked about thinking laterally and being creative.



Your attitude and encouragement can help colleagues have new ideas and make contributions. The great thing is that, once you start, they return the compliment. Watch out for chances to:

- acknowledge, praise and develop individual differences and skills
- encourage people to share their ideas, and express feelings and emotions
- praise good ideas, new efforts and real achievements
- encourage people to value themselves and what they do.

## Recognise competence

People who know they are competent think well of themselves and like to display that competence for their organisation and to their colleagues and customers. People like this know their strengths and take steps to develop them. However, they also know their weaknesses and work to improve them. Competent people make mistakes but learn from them.

Your colleagues will feel competent, and feel good about being competent when they and their organisation see their work as worthwhile and when they can take responsibility for their own decisions.

What you can do to develop that competence is to recognise positive results, offer praise where appropriate and give constructive feedback when improvement is needed.

People tend to feel incompetent when they receive little or no credit for their efforts or when criticism is harsh, unrelated to the job and more inclined to blame them than to look for ways to solve problems. Some specific things you can do include:

- encouraging colleagues to try new ways of operating
- commenting favourably on their strengths and skills
- helping them to monitor progress towards their objectives
- offering advice or coaching when necessary
- offering practical suggestions about how to improve on weaknesses
- showing that it is OK for people to 'blow their own trumpet occasionally'.

## Feeling secure

People feel confident and good about themselves when they are clear what is expected of them. People



like this clearly understand the possibilities and limitations of their jobs and show confidence in their managers.

Your colleagues will feel more secure when you help them understand and follow clear plans and work to accepted routines. People are less secure when they feel they are being kept in the dark or given wrong information.

What you can do from your position to help colleagues feel secure includes:

- being honest about any bad news
- working with them and the pharmacist to establish and monitor plans
- working together to establish standards and best practice
- keeping any promises you make
- offering support and help when necessary.

## Empower workers

It has been proved that people who feel they have no ability to decide or organise anything in their job are those who are most stressed and who have low self-esteem. When somebody feels like this they do not work well and their contribution is limited. In order to feel they have some power, your colleagues will need to feel they are able to choose from a range of different ways of doing things, or to take some decisions for themselves.

What you can do to help people feel empowered and therefore to have higher

self-esteem is to:

- work with them to set challenging but attainable objectives
- encourage questions
- discuss their opinions with them
- involve them in decision-making rather than presenting them with a *fait accompli*
- show that you are aware of and interested in what they are concerned about.

## Build team spirit

It is not possible for people to feel good about themselves if they do not know that they are accepted, respected and appreciated by their colleagues. Your colleague's self-esteem, and yours, is, to a large extent, dependent on feeling connected to their workgroup. You can help people feel part of the team by:

- encouraging other members of the team to accept one another and co-operate between themselves
- acknowledging and pointing out each individual's contribution to the success of the team
- creating opportunities, eg discussions, coaching sessions, etc, which will help your colleagues discover and make use of each other's skills and experience.

## Giving recognition

Above all, the most powerful thing you can do to make the most of people is to give them recognition. People perform better with feedback. Letting people know that what they do is

known and appreciated is one way to help their self-esteem and also to ensure success for the pharmacy.

Recognising people's achievement can often make the difference between hard work because they are committed and minimal work just to keep their jobs. Recognition can often turn an average worker into a high performer. Think of your own reaction to praise or recognition.

Several surveys have proved that while money is important to all of us, most of us do our best work not just for money but because we are recognised and appreciated. We all work for money, but we tend to work harder and better if our efforts are recognised.

Recognising people's performance and achievements is as much about praising consistent good performance as it is about responding to special one-off events. It's useful to accentuate the successes but to avoid over-emphasising failures – people are almost always very aware when they have got something wrong. What can be useful if something does go wrong is calmly to state that it has happened and then help the individual to learn from the mistake and work out how to avoid making it again.

When you do offer praise, make sure that it is sincere and remember it is perfectly OK to praise the pharmacist as well. Even the bosses needs to feel good about themselves! It is useful to remember that positive thoughts only count when they are expressed. Taking good performance for granted and reacting neutrally almost always erodes motivation because it implies that you don't notice. This, in turn, causes resentment.

## In conclusion

Making the most of people is something we can all do with a bit of thought. It takes very little effort to praise good performance and help a colleague's self-esteem. Everyone in the pharmacy, the pharmacist, the customer, your colleagues and you – all benefit when you and they feel valued and that your contribution is recognised. Don't wait for others to do it – find ways of doing it yourself. You will soon see the benefits.

(Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale)



# showcase



## Anadin heritage backs ibuprofen

Whitehall has used the Anadin heritage to launch a new ibuprofen variant.

Anadin Ibuprofen 200mg is available in a GSL 12-caplet pack (£1.15) and a P 24-caplet pack (£1.89).

The new addition will be featured alongside the existing range in a £4.8 million press advertising campaign.

Whitehall believes the tried and trusted formula of Anadin will appeal to the cautious analgesic user who has not tried ibuprofen before.

Whitehall Laboratories Ltd.  
Tel: 01628 669011.

## Chefaro targets irritable bowel with Equilon

Chefaro UK is adopting a symptom-led positioning for its new OTC Equilon.

Equilon tablets (15, £4.85), containing mebeverine hydrochloride 135mg, are indicated for the

relief of low abdominal pain, bloating, excess wind, diarrhoea and/or constipation. The product targets those sufferers who do not recognise these symptoms as irritable bowel.

The suggested dose is one tablet up to three times daily, 20 minutes before a meal.

According to product manager Janet Burgess, 2.5 million people in the UK have actually been diagnosed as suffering from irritable bowel, yet a further 10m are thought to suffer but refuse to be 'classified as suffering from irritable bowel syndrome'.

Speaking at the launch of the product, Dr Amanda Kirby explained how the term 'syndrome' frightened people because it suggested a major condition or terminal illness.

Equilon is being launched with a £2m television advertising campaign which breaks in October, a comprehensive PR programme and a consumer leaflet. Chefaro UK Ltd.  
Tel: 01223 420956.

## SB innovates for winter

Smithkline Beecham Consumer Health is launching its winter cold and flu campaign with three innovations under the Beechams name.

A throat lozenge, Beechams Throat-Plus (24, £1.99), and an additional variant in the Beechams Flu-Plus range are two new products being launched in the redesigned brand lively.

The lozenges claim to offer 'triple action' relief as they contain the antibacterial and local anaesthetic



hexylresorcinol and the antiseptic benzalkonium chloride in a soothing/cooling sorbitol base.

SB says Throat-Plus is the only GSL lozenge to contain two anti-bacterials and an anaesthetic. It will be supported with its own £1.4 million television campaign which will run from December through to February.

Hot Berry Fruits (five sachets, £2.49) is the new variant in the Beechams Flu-Plus range. This is the second-most popular flavour in the category after lemon. Each sachet contains paracetamol 1,000mg, ascorbic acid 60mg and phenylephrine hydrochloride 10mg.

And finally, the new-look Beechams range will be supported by a £2.6m TV campaign due to run from November to February which will focus on individual brands and a more understanding and supportive role for customers. Smithkline Beecham Consumer Healthcare.  
Tel: 0181 560 5151.

## Seven Seas target elderly with Action Plan 50+

Seven Seas is targeting the growing senior supplement market with its new Action Plan 50+ range of multivitamin capsules.

Action Plan 50+ General Health Formula contains 35 ingredients to optimise good health, while Action Plan 50+ Energy Formula has been formulated for those needing an energy boost. Both are available in packs of 50 capsules retailing at £6.99.

The company is supporting the launch with a £750,000 campaign. National press advertising will appear in the daily press and third age publications. An information leaflet and consumer booklet have been produced, with contributions from celebrities like Claire Raynor. Seven Seas Healthcare Ltd.  
Tel: 01482 375234.

## One touch for Deep Relief

Deep Relief Ibuprofen Gel is now available in a new one-touch, CFC-free, pump dispenser. It is activated by a light touch to deliver a continuous, controlled flow of gel using compressed air.

Retail price for the 50ml pump is £4.99. Jenks Group.  
Tel: 01494 442446.



## New Nytol caplets

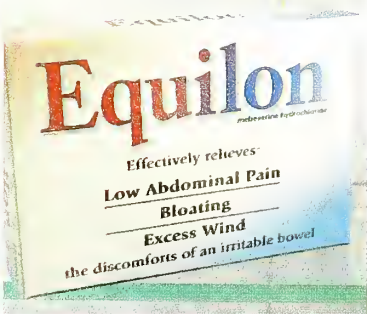
Stafford-Miller is launching new Nytol caplets, which will replace the current 25mg tablets.

The company says the new presentation provides sufferers from sleeplessness with an easy to swallow format, and the tried and trusted heritage of the Nytol range.

The formulation of diphenhydramine 25mg remains the same, as does the retail price - £2.45 for 20 caplets.

Stafford-Miller says the new caplets extend customer choice, and consumer research has found that 82 per cent of people like easy to swallow caplets.

New Nielsen data has placed original Nytol (25mg tablets) as the number one-selling branded Pharmacy Only tablet and Nytol One-A-Night in 22nd place. Stafford-Miller Ltd.  
Tel: 01707 331001.







## Centrum targets baby boomers with Select 50+

Whitehall is launching Centrum Select 50+, an all in one vitamin and mineral supplement for 'baby boomers' aged 50 to 60.

The formulation of 31 vitamins and minerals has been adjusted from the EC Recommended Daily Amount to meet the changing dietary requirements of men and women over 50.

It contains increased levels of antioxidant vitamins A (900mcg), C (90mg) and E (30mg); and vitamin D (10mcg) for the maintenance of healthy bones.

The formulation also includes folic acid (400mcg), which may help maintain cardiac health, and 2,500 times the EC RDA of vitamin B12 (25mcg) for the regulation of blood cells and nerves, because the body's ability to absorb B12 diminishes with age.

Levels of iron (4mg) and biotin (45mcg) are less than the EC RDA. The need for iron decreases with age, and biotin levels in a regular diet are likely to be sufficient.

The one a day tablet is sucrose-, lactose- and gluten-free, and is suitable for diabetics.

Whitehall is supporting the brand with a £1.5 million year-long campaign starting in October in the national press and consumer magazines and a TV campaign next year.

Centrum Select 50+ is available in packs of 30 or 60 tablets, retailing at £4.29 and £7.79.

Whitehall Laboratories Ltd.  
Tel: 01628 669011.

## Strepsils offer a sugar-free option



Strepsils Sugar Free is a new addition to Crookes Healthcare's throat treatment brand.

The lozenges (16, £1.85) come in a lemon and herb flavour and contain the sweet-tasting sugar substitute isomalt. Amyl-metacresol and 2,4-dichlorobenzyl alcohol give Strepsils a double anti-bacterial action.

The Strepsils brand will be supported with a £2 million package over the 1997-98 season. TV advertising will continue the 'Apple' theme, along with an eight-week radio campaign for Strepsils Dual Action. Crookes Healthcare Ltd.  
Tel: 0115 953 9922

## Extra High Strength Cod Liver Oil

Seven Seas is launching its new Extra High Strength Pure Cod Liver Oil with a £4 million of advertising support.

The new product was formulated using a refining process that enriches cod liver oil with additional natural concentrated omega-3 fatty acids to produce a concentrated oil.

Each 1,050mg capsule contains

400mg of omega-3 fatty acids – more than four times the amount in a standard 500mg one a day capsule.

Seven Seas' marketing manager, Tim Horne, says: "The main reason people take cod liver oil is the anti-inflammatory action of the omega-3s, which helps relieve the pain and stiffness associated with arthritis and ageing. Now we can increase the amount of these fatty acids in cod liver oil, thus providing more effective levels in a single capsule."

Available in packs of 30 (£4.49) or 60 capsules (£7.89). Seven Seas Health Care Ltd.  
Tel: 01482 375234.

## Start-Up the day the Sanatogen way

Sanatogen Start-Up is a new breakfast fruit juice from Roche Consumer Health.

Building on the Sanatogen name, each 250ml serving of Start-Up contains 50 per cent of the adult recommended daily amounts of the main vitamins.

Roche has teamed up with fruit juice supplier Just Juice, and is entering the

juice market with a £2 million promotional spend which includes TV advertising from mid-October, consumer press advertorials in November, as well as an in-store sampling.

Start-Up is being distributed through grocers, CTNs, pharmacies and garages. It is available in two flavours, 'Tropical Splash' and 'Orange Twist'. A third variant is likely to be introduced later in the year.

Retail prices start at £0.55 for the 250ml pack, £0.99 for the one litre carton and £1.25 for a triple pack of the 250ml size.

Roche Consumer Health.  
Tel: 01707 366000.

## Healthy heart maintenance

Seven Seas is launching a new one a day supplement on a heart health maintenance platform.

Vitamin E Plus Fish Oil, Garlic & Lecithin (60 capsules, £5.99) claims to 'help maintain a healthy heart'.

A recent study by the University of Cambridge and Papworth Hospital concluded that vitamin E reduces the risk of heart attacks by 75 per cent. Research also shows that a dietary supplement of fish oils helps to maintain a healthy heart, while garlic may help to maintain a healthy heart and circulation. Seven Seas Health Care Ltd.  
Tel: 01482 375234.

## Efamol liquidises its EPO assets

Efamol has introduced new liquid versions of three evening primrose brands.

Efamol Pure Evening Primrose Oil, Efalex and Efamarine are now available in easy to swallow formulations, with a lemon and lime flavour.

Each product provides the same constituents as the capsule formats, with

added high-oleic acid sunflower oil, a polyunsaturated fat, which makes accurate quantities easier to measure.

Amberglass bottles are used to protect against deterioration of the contents as a result of exposure to light. The bottles also feature tamper-evident lids.

Retail prices range from £6.99 to £7.99. Efamol Ltd.  
Tel: 01483 304441.

## New nightcap from Seven Seas

Slumber Cup, a herbal elixir, is being extended nationally by Seven Seas.

Containing natural herbal flavourings of passiflora and valerian, as well as extracts of chamomile or elderflower, Slumber Cup is being marketed to help people relax before going to sleep.

The liquid, which should be diluted to make a hot drink, comes in two flavours: red cherry and blackcurrant; and apple, grape and orange. It is enriched with B vitamins and also contains cinnamon, nutmeg and ginger. A 250ml bottle retails at £3.89.

The launch of Slumber Cup will be supported with a £600,000 campaign in the national press, on television, in women's magazines and in in-store promotions.

Slumber Cup is not a licensed medicine. Seven Seas Health Care Ltd.  
Tel: 01482 375234.







## New NUK teat tackles colic

NUK has a new version of its vented teat in silicone, which, it claims, helps prevent colic.

The transparent silicone teats, which are available in two sizes to suit growing mouths, come in small, medium or large hole options to provide a choice of flow rates.

"Silicone is popular with parents because it looks cleaner and lasts longer than latex. However, latex is better for teething babies because it is more resilient to chewing," says managing director Peter Moreton from MM Distributors, which handles NUK products in the UK.

A special inward-opening vent in the teat stops it from collapsing during feeding, and prevents the baby swallowing air.

The NUK teat range has been advertised in the mother and baby press on an ongoing basis since May.

The new teats will retail for £2.09, and are available, together with display stands, POS material, and a 'Guide to feeding your baby' leaflet, from: MM Distributors Ltd. Tel: 01438 351341.

## Early start for Sanatogen's supplements

Roche Consumer Health is introducing two food supplements formulated for children.

Sanatogen Children's Gold contains 19 nutrients, including vitamins A,B,C,D and E, iron and calcium. The chewable, sugar-free tablets are suitable for three to 12-year-olds

(30, £2.89; 90, £6.79). The product, which is being sold in from mid-September, is claimed to be the first premium all-inclusive supplement for children in a market currently worth £9 million a year and growing at 19 per cent.

Sanatogen Vitamins + Extra Vitamin C (containing vitamin A 400mcg, C 75mg and D 2.5mcg) is replacing the existing children's vitamin A,C and D. The sugar-free tablets come in orange, lemon and raspberry flavours (30, £1.55; 90, £3.59). The product will be included in the Kleenex winter survival kit promotion from October.

● Following concern about children's eating habits, Roche has created a resource pack to help primary school teachers educate youngsters on proper nutrition. A mail shot will invite teachers to request the free pack, which could reach 500,000 pupils. This will be followed by a competition for pupils to design a T-shirt expressing what they have learned about healthy living. The 'Do you feel alright' schools' pack is available by calling 0171 379 1283. Roche Consumer Health. Tel: 01707 366000.

## Heinz concentrates efforts on infants

Heinz is introducing a new range of juice concentrates with added vitamin C for infants aged six to 12 months.

The four varieties, which contain no added sugar, are Apple, Apple & Blackcurrant, Apple & Apricot and Pear & Cherry. They come in easy to hold 200ml glass bottles.

The product, which retails at £1.35, is being promoted through the parentcraft press and through Heinz's direct marketing magazine, 'Heinz at Home'. H J Heinz Co Ltd. Tel: 0181 848 2256.

## T/Gel 2 for a sweeter-smelling shampoo

Neutrogena has extended its medicated shampoo range with the launch of T/Gel 2.

The product is designed as a cosmetic anti-dandruff shampoo. It contains salicylic acid to remove stubborn flakes and piroctone olamine to help soothe itching and fight the micro-organism associated with dandruff.

Both ingredients have been clinically proven to be effective against stubborn dandruff.

Original T/Gel, which is a licensed coal tar formulation, is still available. It is clinically proven to be effective against more serious scalp problems, like psoriasis or seborrhoeic dermatitis.

New T/Gel 2 (£4.39, 125ml) is aimed at customers who have dandruff but dislike the smell of coal tar. Johnson & Johnson Ltd. Tel: 01628 822222.

## Multivitamins boost to Haliborange range

Seven Seas is launching a new multivitamin

formulation in its Haliborange Effervescent Vitamin C range.

Lemon-flavoured Haliborange Effervescent Vitamin C Plus Multivitamins (20, £3.49) provides ten essential vitamins for good health.

The product contains vitamin C, vitamin E, thiamin, riboflavin, niacin, vitamin B6, folic acid, vitamin B12, biotin and pantothenic acid.

Seven Seas is supporting the launch with a £1 million advertising and promotional campaign, which will include a major sampling programme during the peak winter cold and flu season.

Advertising in the national press and mainstream magazines breaks this month and will run until December. Seven Seas Health Care Ltd. Tel: 01482 375234.

## Pop-up tubs for J&J cloth wipes

Johnson & Johnson has designed a new dispensing tub for its Skincare Cloth Wipes.

The pop-up tubs, which are being publicised through a £700,000 national television campaign starting on September 15, allow parents to pull out wipes with one hand, which makes changing a baby easier.

The woven cloth wipes, which are alcohol- and lanolin-free, are hypo-allergenic and pH balanced. They contain Johnson's Baby Lotion to clean, protect and moisturise skin, and help prevent nappy rash.

The wipes are available in a tub of 80 for £3.49, with refill tubs costing £3.19. Johnson & Johnson Ltd. Tel: 01628 822222.



## Karvol drops in

Crookes Healthcare is extending its Karvol range with the launch of a dropper formulation.

Karvol Family Decongestant Drops contain the same ingredients as Karvol Capsules – pine oil, cinnamon and menthol – but are intended for use by the whole family.

The 12ml bottle (£2.45) is seen as more suitable for experienced mothers who are looking for convenience and family usage.

Pharmacy counter assistants can expect to see an information pack with a sample bottle delivered by the sales force. Crookes Healthcare Ltd. Tel: 0115 953 9922.

## No mess with No Spills Cup

The No Spills Cup is new in the Junior Macare range of baby feeding products from Paul Murray.

It is designed to reduce sticky spillages from small children when drinking.

The cup comes in a traditional 'glass' type shape, which is easy and comfortable for small hands to hold. It features a screw top which contains a long-life, two-way valve.

The spout seals between sips and the valve only opens when it is sucked. Suitable for hot and cold drinks, it retails at £3.99. Paul Murray plc. Tel: 01703 268444.



## Unichem's all-in-one option

Optima is Unichem's all-in-one own brand supplement containing 28 vitamins and minerals.

The new tablet contains the EC recommended daily allowances for vitamins A, D, E, C, and a range of B vitamins including B1, B2, B3, B6, B12 and folic acid.

The recommended dose is one tablet daily. A 60-tablet pack retails at £3.99.

VMS sales from community pharmacies are worth £70 million and have grown by about 10 per cent, almost double the overall market growth. Unichem Plc. Tel: 0181 391 2323.



## Different strokes from Macleans folk

Smithkline Beecham has extended its Macleans range with a new toothbrush.

Macleans the Toothbrush comes in a choice of three colours and two bristle textures – medium and sensitive and retails at £2.49.

All variants feature a small head which is preferred by dentists.

● Smithkline Beecham has also introduced Macleans Total Clean toothpaste in a 100ml pump dispenser.

The company expects the pump to convert new users to all in one pastes. Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

## Banish bad breath with Dentyl pH

The Fresh Breath Company has introduced Dentyl pH – a new mouthrinse which has been specifically developed to remove the causes of bad breath.

The product is formulated to remove the bacteria and debris which cause bad breath.

It comprises a two-phase formula of natural essential oils and an aqueous water solution. The product is activated when the two parts are shaken together.

The activated formula absorbs bacteria and debris in the gargling and rinsing process. The manufacturer says it will keep on working for up to 18 hours after use.

This alcohol-free product has the same pH as saliva, contains fluoride and has no animal derivatives.

It has been the subject of 15 years of international research, including clinical studies involving several thousand patients at the Fresh Breath Centre in the UK.

Available in mint and fresh clove flavours, a 500ml bottle of Dentyl pH retails at £3.99. The Fresh Breath Company Ltd. Tel: 0171 935 1492.



## Clean teeth, naturally

Weleda has introduced a new Children's Tooth Gel with all-natural ingredients.

Hydrated silica is used as a non-abrasive cleaning agent. The flavour comes from a mixture of essential oils resulting in a hint of spearmint and aniseed.

The product is formulated with horse chestnut bark, which has natural therapeutic properties. It also contains calendula which has soothing and healing properties, and gives the product a bright golden colour.

Retailing at £1.75 for a 75ml tube, it is suitable for vegetarians and vegans. Weleda (UK) Ltd. Tel: 0115 9448200.

## A 'sensitive' sister for Pearl Drops

Carter-Wallace has introduced Pearl Drops Advanced Whitening Sensitive toothpolish.

Positioned as a 'sister' product to Pearl Drops Ice mint, it is designed to appeal to people who desire whiter, shinier teeth, but have concerns about tooth sensitivity.

It is formulated to gently clean away surface discolouration caused by food, drink and smoking.

With no harsh abrasives or bleaches, the formula contains desensitising potassium nitrate and two fluorides to strengthen tooth enamel.

Retailing at £3.99 (50ml), the variant has a natural mint flavour. Carter-Wallace Ltd. Tel: 01303 850661

## Interplak powers into pharmacies

Conair is launching the American Interplak power toothbrush into independent pharmacies.

Until now, the product has only had selective distribution in the UK and has mainly been sold through dentists.

It features different-sized, individually-rotating tufts.

The range includes the Classic, which has one full-sized brush head (£44.99); the Extra, with full-sized and compact heads (£59.99); and the Kids model, with a smaller head (£49.99).

The cordless handles contain a rechargeable 3.6v battery and sits on a charger base. In the adult variant, there is a two-minute timer.

The Kids model has a countdown timer, which encourages children to brush for longer – four individual lights go off at 30-second intervals.

It is supported by clinical trials which show that it helps remove up to 90 per cent of all plaque.

An advertising campaign is planned to support the launch into the independent sector. Conair UK Ltd. Tel: 01276 687500.



## Colgate's brush offer to boost Plax sales

Colgate-Palmolive has launched a consumer offer to boost sales of its Plax mouthrinse and prompt people to change their toothbrush.

Colgate Plax bottles (500ml) are carrying a neck collar with a 50p-off coupon towards the purchase of a Colgate Total toothbrush. The promotion will run until the middle of October.

Dentists recommend that brushes are changed every three months, yet the average consumer still only replaces their brush once a year. Colgate-Palmolive Ltd. Tel: 01483 302222.

## Gentle touch for new-look Throaties

Jacksons has relaunched its Throaties medicated confectionery after market research revealed a consumer preference for the product without its sugar coating.

The new version is presented in a convenient flow-wrapped blister format.

The product is available in three flavours – Strong Original, Blackcurrant with Vitamin C and Honey & Menthol. Ernest Jackson & Co. Ltd. Tel: 01363 772141.





## Apricot arrival for Bronnley

Bronnley has launched a new Apricot and Almond sub-range in its Almond Oil.

The company describes the Apricot and Almond fragrance as younger, delicate and fruity.

It will be available in a wide range of items, including bath seeds (30g) retailing at £1.10, through to body splash cologne (250ml) at £7.95.

H Bronnley & Co Ltd.  
Tel: 01280 702291.

## Eye openers from Miners

Miners Cosmetics is launching a colourful new range of loose powder eye shadows.

The Professional Eye Shadow Powders (£1.99) come in 24 shades – from bright colours like Back to the Fuschia and Yellow Peril to the more subtle shades of Midas Touch and Peaches and Cream. Paul Murray plc.  
Tel: 01703 268444.

## New from Nailoid

Nail care expert Nailoid has launched four new products to help keep nails healthy.

Nailoid Results Triple Action Nail Builder (£3.95) is formulated with keratin, panthenol and provitamin B5 to rehydrate and strengthen nails.

New Nail and Cuticle Revival Serum (£5.95) is a silicone and jojoba oil-rich formulation which acts as an intensive revival treatment for dry brittle nails and cuticles.

Nailoid has developed Rejuvenating Nail Soak (£3.95), a jojoba oil and wheatgerm oil formulation to revitalise nails and cuticles.

Restore – Intensive Treatment Mask (£4.95) is an intensive and effective treatment for dry, discoloured, weak nails.

Richards & Appleby Ltd.

Tel: 01685 843384.

## Girl power Impulse

Elida Fabergé has launched a special edition Spice Girls Impulse body spray.

The oriental fragrance blends springtime freshness with a mix of musk, amber vanilla and delicate woods and was created by New York-based fragrance consultant Ann Gottlieb.

The launch will be supported by a £1.8m advertising campaign, which will include a TV commercial to be shown from October 1. The all-girl group stars in the commercial which features a forthcoming single called 'Spice up your life'. Elida Fabergé.  
Tel: 0181 481 6000.

## Nivea adopts hands-on approach



New from Nivea is a sub-brand, Nivea Hand, with two advanced formulation hand care products.

Nivea Hand Essential Moisturising Lotion (150ml, £3.29) is a light lotion intended to keep hands soft and supple. Aloe vera and



avocado oil are included for their moisturising and softening effects, while the antioxidant action of vitamin E protects against free radical damage.

Nivea Hand Age Control Lotion (150ml, £3.99) includes UVA and UVB filters to help protect the skin from UV rays that cause premature ageing, wrinkles and uneven pigmentation on the hands. Smith & Nephew Consumer Products Ltd.  
Tel: 0121 327 4750.

## Exotic and Precious bathtime experiences

Creightons will be launching two new bath and body care collections – Exotic Oils and Precious Oils.

Formulated with natural oils and extracts, both ranges will be available at the end of September.

The Exotic Oils collection features the floral fragrances of mazarin and tamarin. Precious Oils is formulated with the floral perfumes of mageia and turquoise.

Both ranges comprise body lotion, shower creme or gel, bath essence, two soaps and a body scrub. Retail prices range from £4.50-£6.95.

Creightons Naturally plc.  
Tel: 01903 745611.

## L'Oréal looks to the Futur-e

L'Oréal is adding another product to its Plénitude range.

Futur-e is aimed at women in their late

20s and 30s, says L'Oréal's head of skin care, Caroline Cornwell. Research suggests that women in this age group want products that are easy and quick to use, yet protect the future of their skin.

Plénitude Futur-e contains the antioxidant vitamin E encased in L'Oréal's patented nanosome technology to deliver it deep into the epidermis.

Futur-e comes in three presentations: a 40ml cream tube (£5.49), a 50ml cream pot (£6.49) and a 50ml fluid pump (£6.49). L'Oréal.  
Tel: 0171 937 5454.

## New formula for Neutrogena

Johnson & Johnson has launched a new Neutrogena dermatological formula facial range which will replace the Neutrogena Balanced Moisture and Active Cleansing ranges.

Products include Moisture Day Lotion SPF 15, Intensified Moisture Day Cream SPF 15, Fresh Foaming Wash, Non-Drying Cleansing Lotion, Alcohol-Free Toner, Light Night Cream and UV Ageing Repair Treatment.

The SPF 15 helps to protect the skin from daily incidental exposure to harmful UV rays which cause photodamage and melasma.

Neutrogena UV Ageing Repair Treatment is formulated to reduce the visible signs of photodamage – fine wrinkles, mottles hyper-pigmentation

and rough, coarse skin.

All products are hypo-allergenic, dermatologist tested and suitable for sensitive skin.

Prices range from £4.95 to £13.50.

Johnson & Johnson Ltd.

Tel: 01628 822222.

## In-a-minute wash with a mitt

Cleanze in a Minute is a facial cleansing mitt from Holland which is now available to pharmacies.

The product is designed to remove make-up, including waterproof mascara, by wiping gently over the face for a minute.

The soft white mitt, retailing at £12.95, is made of a specially woven, 100 per cent polyester material.

Suitable for all skin types, it is non-allergenic and has been dermatologically tested.

HTB (UK) Ltd.

Tel: 01925 756767

## Depilation with Daen Wax

New to the Daen hair removal range are Roll-on Depilatory Warm Wax and Warm Depilatory Wax.

Both products are heated in the microwave and have a low melting temperature.

Each box of Roll-on Depilatory Warm Wax (£4.99, 50ml) contains one roll-on applicator, ten strips and two azulene oil tissues.

Warm Depilatory Wax packs (£6.49, 200ml) contain one pot of wax, 14 strips, four azulene oil tissues and one spatula.

David Hart.

Tel: 01992 522123.





# Simple answer to wrinkles

Smith & Nephew Consumer Products is extending its Simple premium range with an anti-wrinkle cream (50ml, £5.99).

Designed to keep skin feeling soft and supple, the product contains intensive moisturisers to smooth out the appearance of fine lines and wrinkles.

It is designed to appeal to a more mature consumer who wants a product to help delay the signs of ageing, while being gentle on the skin. Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.



# Bug-beating Palmolive Softwash

Colgate-Palmolive is introducing an anti-bacterial variant in its Palmolive Softwash liquid wash range.

Palmolive Anti-bacterial Softwash (300ml, £1.89) is formulated to help fight germs and bacteria during washing and to leave a barrier that protects after rinsing.

It is soap-free and dermatologically



tested to maintain soft skin.

● The anti-bacterial sector is the fastest-growing sector of the £31 million liquid soap market (IRI Infoscan). Colgate-Palmolive UK Ltd. Tel: 01483 302222.

# A Fusion of fragrance and clubbing

Elida Fabergé is targeting young clubbers with its new unisex fragrance, Fusion.

Fusion, which will be heavily promoted to 15-20-year-olds through the club scene and music events, was developed with Ann Gottlieb.



vibrant purple (Dark Fire – a fresh Oriental) or green (Cool Spell – a tangy woody scent).

Portable and easy to use, the product is designed to be popped in a pocket, twisted open when needed and applied to the skin. It features the strapline 'Twist it – use it!'.

Quiddity is also available as an eau de toilette spray (£11.95, 30ml). Coty (UK) Ltd. Tel: 01734 302302.

# Lipsmacking balms from Christy

Christy's new fruit flavoured lip balms offer three-in-one protection for dry, sore lips.

The product contains vitamin B5 to help condition the lips and prevent roughness by promoting cell renewal.

Packaged in neat pots, the balms come in three flavours – Tangerine Tease, Strawberries 'n' Cream and Black Cherry Dream.

The product is available at a special introductory retail price of £1.49. Network Management Ltd. Tel: 01252 351118.

# Radox Solutions to life's problems

A premium range of natural bath liquids has joined the Radox line-up from Sara Lee.

Radox Solutions (250ml, £3.99) contains natural ingredients renowned for their therapeutic benefits.

The six variants are formulated with a blend of herbs and essential oils.

Products include Wake Up Wash, Milk and Honey, Spring Unwind, Sensual Healing, Fruit Tonic and Hot Cinnamon. Sara Lee Household & Personal Care. Tel: 01753 523971.

# A Natural Attraction for Corn Silk

The Corn Silk cosmetics range, which used to be packaged in tortoiseshell, is being relaunched in black and gold.

The 'Natural Attraction' revamp is being supported by a £150,000 national advertising campaign in the women's monthly press and on the London Underground.

Corn Silk, which consists of powders, foundations and concealers, is oil-free and suitable for all skin tones. Chatterton UK. Tel: 01256 844144.

# Tisserand's in the mood

Masterblend is a range of aromatherapy oils from Tisserand intended to enhance mood.

The four blends – Energy, Passion, Euphoria and Serenity – are strictly for vaporisation and should not be used on the skin or in the bath. A few drops should be added to a burner or vaporiser for effect. Each 9ml bottle, retailing at £5.99 contains 180 drops.

Energy includes Florida grapefruit, Spanish lemon leaf, Moroccan peach leaf and Javanese vetiver. Passion includes Madagascan ylang ylang, Indian jasmine,

French blackcurrant bud and Tahitian lime. Euphoria combines French clary sage, Paraguayan orange leaf, Indian amyrns and Himalayan cedarwood. Serenity has Bulgarian rose, Indian sandalwood, Brazilian linaloe and Madagascan vanilla. Aromatherapy Products Ltd. Tel: 01273 325666.

# Handy new Cyclax cream

Cyclax has added a new treatment hand cream to its Moistura range.

The non-greasy cream is formulated to moisturise and protect hands, while helping to relieve dryness.

The product retails at £1.99 for a 100ml tube. Prepacks cost £28.56 for 24 tubes. A distinctive display unit is available for in-store use. International Classic Brands. Tel: 0181 579 6060.

# Out of the blue

Blue is a new range of toiletries for men from Parfums Bleu.

Building on the Blue Stratos heritage, the new fragrance is designed to appeal to a younger market.

As an introductory offer for independent chemists, 30ml trial sizes of aftershave (£2.99) are available in a special display unit until the end of the year. Parfums Bleu. Tel: 01628 777188.







## Herbal heat with Hansaplast Thermo

Hansaplast Thermo is a new herbal heat plaster from Beiersdorf for the relief of muscular and rheumatic pain.

The plasters heat up when applied to skin, relieving pain in conditions as lumbago, myalgia, backache and sciatica.

Each plaster contains the counter-irritants capicum extract and cayenne to stimulate blood flow to the affected area, and arnica extract to inhibit inflammation. The plasters can be cut to size and applied for up to 48 hours.

One Hansaplast Thermo Plaster retails at £2.99 and comes in a compact display unit holding ten plasters. A £250,000 promotional spend will include advertising in the national and women's press between December and February. Dendron Ltd. Tel: 01925 229251.

## 30-day packs for Oxysept

Allergan has introduced 30-day packs for its Oxysept hydrogen peroxide contact lens care range.

The new-sized packs will supersede the 24- and 36-day packs and are designed to be more convenient for contact lens wearers – especially those who use monthly disposable contact lenses.

Oxysept 1Step is now available in a new slimline 300ml bottle

with 30 neutralising tablets and a replacement lens case.

For a limited period, special promotional packs of this product will retail at £9.58 (price of the 24-day pack) giving lens wearers six days of extra care free. The full retail price will be £11.25.

Oxysept 1 and Oxysept 2 have also been introduced in 30-day packs with promotional offers. Allergan Ltd. Tel: 01494 444722.

## Unichem launches in-store test kit

Unichem has introduced a professional pregnancy test kit enabling pharmacists to provide an in-store pregnancy diagnosis service.

The £34 kit contains 20 self-performing immunoassay reaction discs and transfer pipettes. The discs detect levels of human chorionic gonadotrophin (hCG) hormone in urine.

If a test is to be run within 48 hours the specimen should be stored in a fridge. If

the testing is delayed more than 48 hours, the specimen should be frozen. Specimens should be at room temperature before use.

The test is best conducted first thing in the morning when hCG levels are at their highest. Elevated levels of hCG can be detected before a first period.

Unichem's own-brand manager Pippa Trounce says: "Although the home-test kit and pharmacy kit work in the same way, women may feel more confident if a pharmacist were to carry out the test." Unichem plc Tel: 0181 391 2323.

## Hot stuff for cold feet

Scholl has introduced a new winter insole called Ultratherm.

The product has been developed in Austria for demanding outdoor activities such as mountaineering and skiing and is designed to give 25 per cent more insulation than the company's Thermal Gold insole.

It features a nitrogen-filled thermoform foam layer to cushion and retain warmth. An additional layer of insulating foam has a silver foil skin to protect against damp.

For greater insulation and comfort, the insole can be moulded to the foot by warming for two to three minutes with a hair dryer.

Available in packs of six, the product retails at £3.99 for one pair. Scholl Consumer Products Ltd. Tel: 01582 482929.



## Triple option from Wahl

Wahl has introduced three new electric shavers.

Top of the range is the WM7925 De Luxe (£49.95) which features twin shaving heads for optimum cutting angles. It incorporates an automatic voltage adaptor giving the option of mains/rechargeable usage.

The WM7920 (£39.99) is a single foil shaver which is mains/rechargeable with a quick one-hour charge facility.

The standard WM7900 model (£24.95) is mains-operated with a single foil shaving head.

All three are dark grey and come with a cleaning brush in a hard case presentation box.

Wahl Europe Ltd. Tel: 01227 740066.

## New format for Fuji Quicksnap

Fuji is changing the format of its Quicksnap super slim advanced photo system (APS) one-time use cameras so that it can produce prints that are 25 per cent wider.

The super slim and super slim flash cameras retail at £6.99 and £9.99 respectively. Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.

## Get plastered with Vernaid

Vernon-Carus' recently-formed consumer healthcare division has launched Vernaid plasters.

The plasters come in boxes of 16 in four versions: washproof, stretch, clear (all £0.49 per pack) and fabric

(£0.56 per pack).

They are in assorted shapes and sizes, and are individually wrapped, hypo-allergenic and micro-perforated to improve wound healing.

The company is planning other launches in its consumer range later this year. Strategic Business Partners. Tel: 01622 662596.



## It's a family affair with Pripisen

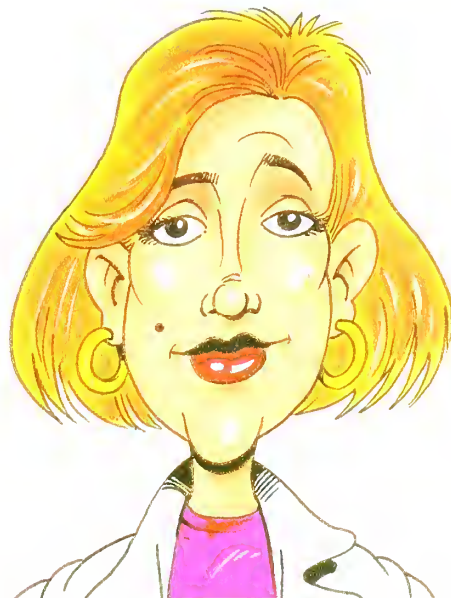
Seton Healthcare has launched a family pack of its Pripisen Mebendazole Tablets.

The new pack provides four complete treatments for threadworm. It offers a two-dose treatment for a family of four to prevent against reinfection.

The first dose will kill the adult threadworms. The second, to be taken 14 days later if reinfection occurs, will break their lifecycle – killing the unaffected, recently-hatched adults before they can lay their eggs.

For adults and children over two years, the family pack (£5.99) contains eight chewable tablets which are sugar- and artificial colour-free. Seton Healthcare Group plc. Tel: 0161 654 3000.





At the moment I am feeling on top of the world because I have recently returned from a lovely holiday in Austria. While I was there, I couldn't resist taking a look inside their chemist shops, which appear somewhat different to ours. They have two sorts, one called an Apotheke which deals mainly with Pharmacy-only medicines, and the other called a Drogerie which sells other medicines, many of which appear to be vitamins and herbal remedies. I took plenty of photographs to remind me of my visit and to show to my colleagues at work.

Photography figures largely in my life at the moment, as when our customers return from their summer holidays they like to get

their photographs processed quickly, because they are an important record of their experiences. Many of our customers use our shop for purchasing and processing films and for other photographic requirements.

During the summer months I spend a lot of time trying to explain the processing services we offer. However, the last photographic course I attended was 12 years ago, and some of our staff have never attended one, so sometimes we are not as knowledgeable as we would like to be.

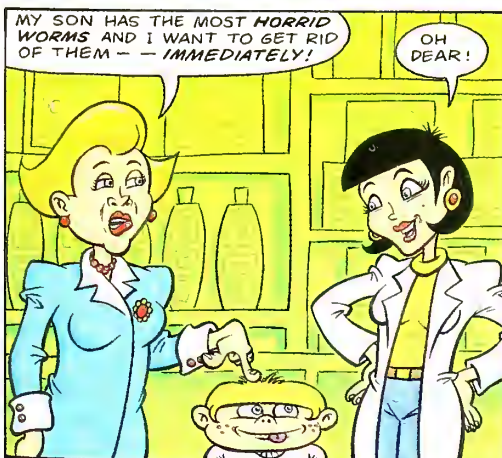
Technology has changed with the introduction of the Advanced Photo System (APS) and the arrival of digital cameras. Even processing is no longer as straightforward as it used to be. The photographic company that our shop is an agent for now offers at least 20 different services, and has many special offers that change frequently.

Problems sometimes arise at this time of year due to the increased work load. Customers are understandably angry if there are delays or temporary losses, and pharmacy assistants are always in the firing line.

Recently, one of our customers received someone else's photographs and she was very annoyed. We spent a long time trying to reassure her that the company would eventually find her pictures and when they did, she received them free of charge. I think we handled the situation very well and so do the company, because we still have our customer. Situations like this can sometimes actually improve customer loyalty, but I'm sure a little more staff training on the technical side would bring about even more improvements.

## MEANWHILE...

BY BAM!





# MY CUSTOMERS KEEP COMING.

Ken, Amadi Chemist, London



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